

Request Form for Waiver of Filing Fee and Fees and Expenses of Neutral Arbitrator

Instructions: If you wish to arbitrate a claim in this system but cannot afford to pay the filing fee and the fees and expenses of the Neutral Arbitrator, you will not have to pay them if you qualify for a waiver. You have three options to show you qualify for a waiver.

1. You are receiving financial assistance under one or more of the programs provided on the next page. **Fill out Pages 4 and 5.**
2. Your gross monthly household income is less than one of the limits on the next page. **Fill out Pages 4 and 5.**
3. Your income is not enough to pay for the common necessities of life for you and the people in your family, plus also pay for the filing fee and the fees and expenses of the Neutral Arbitrator. **Fill out Pages 4 - 8.**

Please note: A copy of this form is given to Kaiser. While Kaiser may object to the request for a waiver, the Office of the Independent Administrator (OIA) decides whether to grant this waiver. See Rule 13. The OIA keeps all information on this form confidential. Return this form to:

Office of the Independent Administrator
635 S. Hobart Blvd., #A35
Los Angeles, CA 90005
E-Mail: oia@oia-kaiserarb.com
Fax: 213-637-8658

Name of Arbitration _____ Arbitration Number _____

I request an order by the Independent Administrator that I do not have to pay the \$150 filing fee or the fees and expenses of the Neutral Arbitrator.

My name: _____

Street or mailing address:: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

My job is: _____

Employer's name: _____

Employer's address: _____

My attorney's name, address and phone number is: _____

If neither #1 nor #2 applies, please continue.

3. ___ My family income is not enough to pay for the common necessities of life for me and the people in my family, and also pay the filing fee and the fees and expenses of the Neutral Arbitrator.

Note: If you checked line 3 above, please complete items 4, 5, 6, 7, 8. Sign on page 8. Return all 5 pages to the OIA.

4. My income and expenses change significantly from month to month. ___Yes ___No

Note: If you checked yes for #4, in each of the following items enter your average monthly income and average monthly expenses based on the previous 12 months.

5. Monthly Income

a. My gross monthly pay is: \$_____.

b. My monthly payroll deductions: (specify purpose and amount.)

i. _____ \$_____

ii. _____ \$_____

iii. _____ \$_____

iv. _____ \$_____

v. _____ \$_____

vi. _____ \$_____

c. My total monthly payroll deductions: \$_____

d. My net monthly pay: \$_____

(Subtract Line c, total monthly payroll deductions from Line a, gross monthly pay)

e. My monthly income from other sources:

Source: Amount:

a. _____ \$_____

b. _____ \$_____

c. _____ \$_____

Total income from other sources: \$_____

f. **My total Monthly Income from all sources:** \$_____

(Add Line d and Line e)

6. My Monthly Financial Obligations

a. Persons living in my home for whom I have a financial responsibility

Name	Age	Relationship	Gross Monthly Income

Total Gross Monthly Income of these persons is: \$ _____

7. My Monthly Financial Obligations

- a. Rent or house payment and maintenance \$ _____
- b. Food and household supplies \$ _____
- c. Utilities and telephone \$ _____
- d. Clothing \$ _____
- e. Laundry and cleaning \$ _____
- f. Medical and dental payments \$ _____
- g. Insurance (life, health, accident, etc.) \$ _____
- h. School, child care \$ _____
- i. Child, spousal support (prior marriage) \$ _____
- j. Transportation and auto expenses \$ _____
(insurance, gas, repairs)
- k. Total Monthly installment payments \$ _____
- l. **Total Monthly Financial Obligations:** \$ _____

8. Describe other financial obligations, unusual medical needs, expenses for family circumstances or emergencies in order that the Independent Administrator may fully understand your financial situation with respect to your request for a waiver of fee. If the space provided is insufficient, feel free to add a page or pages, labeling each as “Attachment to Item 8.”

I declare under penalty of perjury, under the laws of the State of California that the information provided on this form and all attachments are complete, true and correct. I waive any claim I may have based on Kaiser Foundation Health Plan, Inc., paying the Neutral Arbitrator’s fees.

Type or Print Name

Signature

Date