



ELECTIVE AND THERAPEUTIC ABORTION ELECTION or OPT OUT FORM

Date:

Employer Group Number:

Employer Group Name:

The above employer group's selection(s) below apply to all plans the employer group has with Kaiser Foundation Health Plan and/or Kaiser Permanente Insurance Company. These selections are effective for the coverage period as indicated below:

- Beginning on the following date:
- Ending Date: This selection will be effective until such time that the employer group signs a new "Elective and Therapeutic Abortion Election or Opt Out Form".

Default Coverage:

- **Non-Publicly Funded Commercial Plans:** Elective and therapeutic abortions and any associated services and procedures are covered unless the employer group has opted out of abortion coverage as shown below.
- **Publicly Funded Commercial Employer Groups:** Elective and therapeutic abortions and any associated services and procedures are not covered unless the employer group has elected coverage as shown below in accordance with Colo. Const. Art. V, Section 50 (2015).

The above employer group has elected or opted out of the following coverage for abortions.

DEFINITIONS 1. Elective Abortion: An elective abortion is the voluntary termination of a pregnancy at the request of the pregnant woman for non-medical reasons. 2. Therapeutic Abortion: A therapeutic abortion is when the pregnancy is terminated because the pregnancy is : a. life threatening to the pregnant woman or her unborn child; or b. the result of rape or incest. NOTE: Definitions include services and procedures associated with the abortion.
COVERED: <input type="checkbox"/> Elective and Therapeutic Abortions <input type="checkbox"/> Elective Abortions only <input type="checkbox"/> Therapeutic Abortions only <input type="checkbox"/> Only therapeutic abortions necessary to prevent the death of either a pregnant woman or her unborn child under circumstances where every reasonable effort is made to preserve the life of each.
NOT COVERED: <input type="checkbox"/> Elective and Therapeutic Abortions (all abortions and any associated services and procedures)

 Signature of Employer Group Representative

 Date

 Printed Name of Employer Group Representative

 Kaiser Permanente Representative