

Explanation of Waivers

Under California law, the fees and expenses of the neutral arbitrator are divided between the claimants and the respondents. OIA Rules provide ways for claimants to shift that obligation to Kaiser. The Rules also allow claimants to be excused from paying the \$150 filing fee if they cannot afford it.

1. **Waiver of the \$150 Filing Fee**

A claimant whose gross monthly income is less than three times the federal poverty guidelines does not have to pay the filing fee. The claimant must complete the **Claimant's Request for Waiver of \$150 Arbitration Filing Fee** form on page 1 and mail or fax it to the OIA *within 75 days* of the day the OIA received the demand for arbitration. Please note: This waiver request has a deadline. See Rule 12.

A claimant whose gross monthly income is more than three times the federal poverty guidelines may still qualify for a waiver of the filing fee because of financial hardship. The necessary waiver request form, provided on pages 4-8, requires evidence that the claimant is receiving some form of public assistance or detailed personal financial information to document the financial hardship.

2. **Waiver of the Neutral Arbitrator's Fees and Expenses**

A claimant who signs and returns the **Waiver of Objection to Payment of Fees** and the **Waiver of Party Arbitrator - Claimants** forms does not have to pay the neutral arbitrator's fees. *No financial information is required.* All claimants and their attorneys, however, must sign the forms.¹ By signing these forms, a claimant agrees 1) not to object that the arbitration is somehow unfair because Kaiser pays all the neutral arbitrator's fees and expenses and 2) not to use a party arbitrator. See Rule 15 and pages 2-3 for the forms.

This is the most common waiver. It only requires the signatures of all claimants and their counsel.

3. **Waiver of the \$150 Filing Fee and the Neutral Arbitrator's Fees and Expenses While Retaining the Right to a Party Arbitrator**

A claimant with extreme financial hardship may request a waiver of both the filing fee and the neutral arbitrator's fees and expenses while retaining the right to a party arbitrator. The test of financial hardship is met if a claimant is receiving some form of public assistance. It can also be satisfied if the claimant has large expenses in relation to income. A claimant must complete the **Request Form for Waiver of Filing Fee and Fees and Expenses of Neutral Arbitrator** found on pages 4-8.

A copy of this form is given to Kaiser. While Kaiser may object to the request, it is the OIA that decides whether to grant the waiver. If granted, Kaiser pays both the filing fee and the neutral arbitrator's fees and expenses and the claimant is allowed to select a party arbitrator. The claimant, however, is responsible for the party arbitrator's fees and expenses. See Rule 13.

If you have any questions, please call us at (213)637-9847.

¹Claimants who seek less than \$200,000 do not need to submit the party arbitrator form.

Claimant's Request for Waiver of \$150 Arbitration Filing Fee

Instructions: If you seek a waiver of the \$150 arbitration filing fee, please complete and sign the following form and return it to the address below. Claimants who have a gross monthly income that is less than 300 percent of the federal poverty guidelines are entitled to have this fee waived. This waiver will not affect your obligation to pay one half of the neutral arbitrator's fees and expenses. The last section of the System Description explains the different methods for obtaining waivers in our system. The form must be sent to the OIA within 75 days of the OIA receiving your demand for arbitration. Return this form to the address below. **This form is confidential – do not serve a copy on Respondents.** The OIA will notify you if you are not eligible for the waiver, in which case you must either pay the \$150 filing fee or obtain a waiver based upon extreme hardship, as described in Rule 13.

Office of the Independent Administrator
3580 Wilshire Boulevard, Suite 2020
Los Angeles, California 90010
Fax: 213-637-8658

Name of Arbitration _____ Arbitration Number _____

I declare under oath that my gross monthly income is _____. The number of persons living in my household is _____.

Signature of Claimant

Date

Signature of Claimant

Date

Signature of Claimant

Date

Signature of Claimant

Date

Signature of Claimant

Date

Waiver of Objection to Payment of Fees

Instructions: Health Plan will only pay Claimant's share of the Neutral Arbitrator's fees and expenses if this form is completed and returned to the Independent Administrator and a copy served on Respondents. **All Claimants and their counsel must sign this form.** If Claimants seek damages of more than \$200,000, they must also sign and return the Waiver of Party Arbitrator Form to be entitled to Health Plan's payment of the Neutral Arbitrator's fees. See Arbitration Rule 15.a. Return this form to

Office of the Independent Administrator
3580 Wilshire Boulevard, Suite 2020
Los Angeles, California 90010
Fax: 213-637-8658

Name of Arbitration _____ Arbitration number _____

Normally, the fees and expenses of a Neutral Arbitrator are divided between the Claimants and Respondents. I/We, the Claimant(s) in the arbitration listed above, agree that I/we will waive any or all claims, present or future, I/we may have based on Kaiser Foundation Health Plan's payment of the fees and expenses incurred by the Neutral Arbitrator. In exchange for waiving any such claims and waiving any right to a Party Arbitrator, Kaiser Foundation Health Plan will pay the fees and expenses incurred by the Neutral Arbitrator.

I/We make this decision voluntarily and after the opportunity to discuss the decision with counsel.

_____ Print Name of Claimant	_____ Signature of Claimant	_____ Date
_____ Print Name of Claimant	_____ Signature of Claimant	_____ Date
_____ Print Name of Claimant	_____ Signature of Claimant	_____ Date
_____ Print Name of Claimant	_____ Signature of Claimant	_____ Date
_____ Print Name of Claimant's Counsel	_____ Signature of Claimant's Counsel	_____ Date

To be effective, all of the Claimants and Counsel must sign this Form.

Waiver of Party Arbitrator — Claimants

Note: Under California law, Party Arbitrators are used in arbitrations seeking more than \$200,000. Parties may waive the Party Arbitrators. Even if you waive your right to a Party Arbitrator, you may still be awarded more than \$200,000. While waiving a Party Arbitrator is voluntary, if you choose to do this, you must use this Form. **To be effective, all of the Claimants and Counsel must sign this Form.**

If you want Respondent to pay your share of the Neutral Arbitrator's fees and expenses and the claim is more than \$200,000 in damages, you must sign and return both this Form and the Waiver of Objection to Payment of Fees Form to the Independent Administrator and serve copies on the Respondents. See Arbitration Rules 14 and 15.

Office of the Independent Administrator
3580 Wilshire Boulevard, Suite 2020
Los Angeles, California 90010
Fax: 213-637-8658

Name of Arbitration _____ Arbitration number _____

I/We, the Claimant(s) in the arbitration listed above, agree that I/we will waive my/our right to a Party Arbitrator.

I/We have had the opportunity to discuss this decision with counsel and make this decision voluntarily.

Print Name of Claimant Signature of Claimant Date

Print Name of Claimant Signature of Claimant Date

Print Name of Claimant Signature of Claimant Date

Print Name of Claimant Signature of Claimant Date

Print Name of Claimant's Counsel Signature of Claimant's Counsel Date

To be effective, all of the Claimants and Counsel must sign this Form.

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
3580 Wilshire Blvd., Suite 2020
Los Angeles, CA 90010
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 _____

My current street or mailing address is: (Please include apartment number, if any, city, and zip code.) _____

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

My occupation, employer, and employer's address is: _____

My spouse's occupation, employer, and employer's address 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:** \$ _____

