

EMPLOYER: PLEASE COMPLETE THIS SECTION.Effective date _____
Termination date _____
Group name _____
Group number _____
Selected health plan _____
Pay location (if applicable) _____Original date of hire ____/____/____
Date of rehire ____/____/____
Date transferred from part time
(p/t) to full time (f/t) ____/____/____
Hours worked per week _____
If retired, date of retirement ____/____/____**Choose one:** Open enrollment Add dependent(s)
 New employee Remove coverage
 Address/name change
 Qualifying event _____
Date processed ____/____/____ by _____ **Transfer to COBRA**Start date ____/____/____
 18 months
 36 months**Reminder to employers:**For groups already enrolled
in direct policies, enrollment
and changes can be made
online via our Business Portal.**EMPLOYEE: COMPLETE THE FOLLOWING. PLEASE PRINT.**Employee name _____ Mobile phone* (_____) _____
(Last name) (First name) (M.I.)
Resident address _____ Home phone* (_____) _____
(Street) (City) (State) (ZIP)
Mailing address (if different) _____ Email address* _____
Former name of applicant or spouse/domestic partner (if applicable) _____* I understand that Kaiser Permanente may
contact me via email or text messaging.

For health plan internal use only	Check one		Please print Last name	First name	M.I.	Social Security number	Male/ Female	Birthdate (MM/DD/YY)	Relationship to employee
	Add	Remove							
			Self						
			Spouse/domestic partner/dependent (circle one)						
			Dependent						
			Dependent						
			Dependent						

(Signature of employee)

(Date signed)

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. Dependent children are eligible for coverage through the age of 25 regardless of marital status, student status, or eligibility for coverage under another plan. Dependents are not required to reside with the subscriber. Dependents are not required to be dependent upon the subscriber for support. Eligibility for medical assistance is not considered when determining eligibility for coverage or making payments. In Washington state, a registered domestic partner is treated the same as a spouse. If children of the primary insured are covered, children of a domestic partner are eligible for coverage on the same basis. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 2715 Naches Ave. SW, Renton, WA 98057.