Return completed form to P.O. Box 23219, San Diego, CA 92193-9921

2025 Employee enrollment and change form

EMPLOYER: PLEASE COMPLETE THIS SECTION. Effective date Termination date Group name Group number				Original date of hire//		Choose one:			☐ Transfer to COBRA	
				Date of rehire Date transferred from part time	/	Open enr	'		Start date//	
						☐ New emp	•	Remove coverage		☐ 18 months
				(p/t) to full time (f/t)	//	Address/r change	ame Employee Dependent(s)		☐ 36 months Reminder to employers: For groups already enrolled in direct policies, enrollment and changes can be made	
				Hours worked per week						
Selected health plan							/by		in direct polici	es, enrollment
Pay location (if applicable)				If retired, date of retirement	//	Date processed	// by		online via our	an be made Business Portal.
EMPLOYEE: COMPLETE T	HE FOLL	OWING. P	PLEASE PRINT.							
Employee name(Last name)				/First areas		/NA 1	Mobile phone* ()		
				(First name)		(M.I	.)	,		
Resident address(Street)				(City)	(State)	(ZIP)	Home phone* ()		
Mailing address (if different)										
Former name of applicant	or spous	e/domesti	c partner (if applica	ble)			* l u	ınderstand ntact me v	that Kaiser Pern ia email or text n	nanente may nessaging.
For health plan	Check one		Please print				Social Security	Male/	Birthdate	Relationship
internal use only	Add	Remove	Last name	First name		M.I.	number	Female	(MM/DD/YY)	to employee
			Self							
			Spouse/domestic partner/dependent (circle one)							
			Dependent							
			Dependent							
			Dependent							
		ı	<u> </u>						<u> </u>	
					 					
(Signature of employee)				(Da	te 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 Options, Inc., 2715 Naches Ave. SW, Renton, WA 98057.

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