KAISER PERMANENTE®

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

2023 Employee enrollment and change form

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
☐ New employee
☐ Address/name change
☐ Add dependent(s)
☐ Remove coverage
  ☐ Employee
  ☐ Dependent(s)
☐ 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., 1300 SW 27th St., Renton, WA 98057.