

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
 ___ Employee
 Address/name change ___ Dependent(s)
 Qualifying event _____
 Date processed ____/____/____ by _____

 Transfer to COBRA

 Start date ____/____/____
 18 months
 36 months

EMPLOYEE: COMPLETE THE FOLLOWING. PLEASE PRINT.

 Employee name _____ (Last name) _____ (First name) _____ (M.I.) _____ Work phone (_____) _____
 Resident address _____ (Street) _____ (City) _____ (State) _____ (ZIP) _____ Home phone (_____) _____
 Mailing address (if different) _____ Email address* _____
 Former name of applicant or spouse (if applicable) _____

*By providing your email address, you are agreeing to receive email communications from Kaiser Permanente.

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, registered in Washington state, or Kaiser Foundation Health Plan of Washington Options, Inc., registered in Washington and Idaho. 601 Union St., Suite 3100, Seattle, WA 98101.