



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
 Qualifying event
 Add dependent(s)
 Remove coverage
 Employee _____
 Dependent(s) _____
 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 _____ (Last name) _____ (First name) _____ (M.I.) _____ Mobile phone* (_____) _____
 Resident address _____ (Street) _____ (City) _____ (State) _____ (ZIP) _____ Home phone* (_____) _____
 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.