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

2024 Employee enrollment and change form

EMPLOYER: PLEASE COMPLETE THIS SECTION. Effective date				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 Employee change Dependent(s) Qualifying event 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: COMPLET	_	LLOWING	G. PLEASE PRINT				Mobile phone* ()		
Employee name (Last name) Resident address (Street)					(State)	(M.I.) Home phone*()		
				able)				understand	that Kaiser Pern ia email or text r	nanente may
For health plan internal use only	Chec Add	Remove	Self	First name		M.I.	Social Security number	Male/ Female	Birthdate (MM/DD/YY)	Relationship to employee
			Dependent	partner/dependent (circle one)						
			Dependent Dependent							
(Signature of employee)	nrovide	false inco	omplete or mislead	(Date of the desired	ate signed)	se of defrauding th	e company. Penalties inc	·lude impri	sonment fines :	and denial

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., 1300 SW 27th St., Renton, WA 98057.

2024-XB-EE-1