



12401 E. Marginal Way S., Tukwila, WA 98168
P.O. Box 34750, Seattle, WA 98124-9745

2017 Employee enrollment and change form

EMPLOYER: PLEASE COMPLETE THIS SECTION.

Effective 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

Address/name change Employee

Qualifying event Dependent(s)

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.) _____

Resident address _____ (Street) _____ (City) _____ (State) _____ (ZIP) _____

Mailing address (if different) _____

Work phone () _____

Home phone () _____

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	Social Security number	Male/ Female	Birthdate (MM/DD/YY)	Relationship to employee
	Add	Remove						
			Self		M.I.			
			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.

All plans underwritten and offered 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.