KAISER PERMANENTE®

NEW GROUP APPLICATION

Email application to your Kaiser Permanente representative or your broker.

Effective date ____/____/____

1 COMPANY INFORMATION

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2A EMPLOYER ELIGIBILITY

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2B EMPLOYEE COUNT

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2C ELIGIBLE EMPLOYEES

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3 CONTINUATION COVERAGE[1]

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Company name (please print): _____

4 COMPANY PREMIUM CONTRIBUTION

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5 OTHER MEDICAL COVERAGE

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6 ERISA STATUS

s your om any su e o S[3] ☐ es ☐ o f you on sele an ans er e ll re or your s a us as *Yes*

7 CONTRACT SIGNER INFORMATION

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8 CONTRACT DELIVERY PREFERENCE

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Company name (please print): _____

9 BILLING CONTACT INFORMATION

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10 THIRD-PARTY ADMINISTRATOR (TPA) CONTACT INFORMATION

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Company name (please print): _____

11 INTERESTED PARTY CONTACT INFORMATION

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12 AUTHORIZED AGENT/BROKER OF RECORD FOR KAISER PERMANENTE

o e om le e y your aiser Permanen e a oin e agen ro era fer om le ion of isa li a ion f you rea ro er o asn regis ere as a firm or agen i aiser Permanen e lease all Bro er Sales a 00 7 4661 o ion 4 f any informa ion as ange lease all Bro er om ensa iona 00 440 2323 an sele o ion one 3 imes

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P one 310-519-1335	a	ell one

mail Steveshorr@cox.net

irm name	aiser Permanen e ro er firm

S ree a ress 1027 W. 11th Street # 3	i y San Pedro	S a e CA	P 90731

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Company name (please print): _____

13 MEDICAL PLANS

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Bron e	☐ Bron e 60 6300 65 il en al ☐ Bron e 60 P 6 00 0 il en al	☐ Bron e 60 PP 6300 65 il en al

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14 DENTAL PLANS

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P PP	☐ PP 1500	☐ PP 1000	☐ PP 1500	
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15 INFERTILITY BENEFIT

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Company name (please print): _____

16 IMPORTANT INFORMATION – PLEASE READ CAREFULLY

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17 FOOTNOTE INFORMATION

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Company name (please print): _____

18 SIGNATURE

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S P B

un ers an a e e for Small laims our ases laims su e o a e i are a eals ro e ure or e S laims ro e ure regula ion an any o er laims a anno e su e o in ing ar i ra ion un er go erning la any is u e e een myself my eirs rela i es or o er asso ia e ar ies on e one an an aiser oun a ion eal Plan n P any on ra e eal are ro i ers a minis ra ors or o er asso ia e ar ies on e o er an for allege iola ion of any u y arising ou of or rela e o mem ers i in P in lu ing any laim for me i al or os i al mal ra i e a laim a me i al ser i es ere unne essary or unau ori e or ere im ro erly negligen ly or in om e en ly ren ere for remises lia ili y or rela ing o e o erage for or eli ery of ser i es or i ems irres e i e of legal eory mus e e i e y in ing ar i ra ion un er alifornia la an no y la sui or resor o our ro ess e e as a li a le la ro i es for u i ial re ie of ar i ra ion ro ee ings agree o gi e u our rig o a ury rial an a e e use of in ing ar i ra ion un ers an a e full ar i ra ion ro ision is on aine in e *Evidence of Coverage*

u ori e om any signer lease rin name	ile lease rin
Signa ure	a e

is u es arising from fully insure aiser Permanen e nsuran e om any P o erage aren su e o in ing ar i ra ion 1 Preferre Pro i er rgani a ion PP lans an 2 P en al lans