Employee enrollment and change form

Membership Administration RCB-A1E-07
P.O. Box 34750, Seattle, WA 98124-1750

KAISER PERMANENTE®

EMPLOYEE: PLEASE COMPLETE THIS SECTION.

Group name: Lake Washington District

Choose one: Kaiser Foundation Health Plan of Washington

- ☐ Core/HMO A #00385
- ☐ Core/HMO B #16641

Kaiser Foundation Health Plan of Washington Options, Inc.

- ☐ Access PPO Plan 1, Group #64498
- ☐ Access PPO Plan 2, Group #64497
- ☐ Access PPO Plan 3, Group #64496
- ☐ Access PPO Plan 4, Group #64495
- ☐ Access PPO QHDHP, Group #64499/#64500

EMPLOYER: PLEASE COMPLETE THIS SECTION.

Coverage 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
- ☐ New employee
- ☐ Address/name change
- ☐ Add dependent(s)
- ☐ Remove coverage
  - ☐ Subscriber
  - ☐ 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.)

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

Mailing address (if different) _____

Former name of applicant or spouse (if applicable) _____

Selected health plan: _____

Work phone ( ) _____

Home phone ( ) _____

E-mail address* _____

*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.