



# 2018 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  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.) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_  
 Resident address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_  
 Mailing address (if different) \_\_\_\_\_ 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	M.I.	Social Security Number	Male/Female (MM/DD/YY)	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.  
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