

**INSTRUCTIONS**

Please complete this form to document eligible employees hired in the last 30 calendar days who don't appear on at least two weeks of payroll records. Then return this form to your Kaiser Permanente sales representative or your broker.

**COMPANY INFORMATION**

Company name	Customer ID (if assigned)
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**EMPLOYEE INFORMATION**

Employee name	Start date	Total hours worked each week	Hourly wage	Social Security number (last four digits)

**SIGNATURE**

By signing this form, I attest that the employees listed above are permanent eligible employees working at least 20 hours per week. I understand that this information may be subject to verification and agree to provide Kaiser Permanente with any information necessary to do so.

Authorized company signer (please print)	Title
Signature <b>X</b>	Date