

Employers: Keep a copy of this form for your records.

COMPANY INFORMATION

Company name	Customer ID (if assigned)
--------------	---------------------------

REASON FOR DECLINING

I have been offered Kaiser Permanente group health coverage by my employer. I voluntarily choose not to enroll myself and my dependents in a Kaiser Permanente plan at this time. I understand that the next opportunity to enroll will be during the annual open enrollment period.

Reason for declining (check one):

<input type="checkbox"/> I am covered by another employer's health plan through my spouse/domestic partner/parent. Name of carrier:
<input type="checkbox"/> I am covered by another plan offered by my employer. Name of carrier:
<input type="checkbox"/> I am covered by an individual health plan. Name of carrier:
<input type="checkbox"/> I am covered by Medicare, Med-Cal, or Tricare.
<input type="checkbox"/> Other reason for declining:

SIGNATURE

Employee name (please print)	Social Security number (last 4 digits)
Signature X	Date

You may be eligible to enroll yourself and your dependents before the next open enrollment period if a qualifying event, such as losing other coverage, occurs. If your situation changes, please contact your employer immediately for more information.