

Fax to your Kaiser Permanente sales representative
or your broker.

Effective date _____ / _____ / _____

1 COMPANY INFORMATION

Company name				
Doing business as (DBA)			Website	
Type of company: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company (LLC) <input type="checkbox"/> Other:				
In business since: _____ / _____ / _____		Federal tax ID number		SIC code
Street address (no P.O. boxes)			City	State
Office phone () -	Fax () -			
Do you have workers' compensation coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending If Yes or Pending, name of carrier:				

2 WAITING PERIOD

Benefits are effective the first of the month following (check one): Date of hire 30 days 60 days 90 days 180 days

3 ELIGIBLE EMPLOYEES

Total number of employees, including owners, partners, and corporate officers. Include in your count any employees, owners, partners, and corporate officers of affiliated companies who are eligible to file a combined return:

Total number of employees eligible for health coverage: _____

Coverage will be offered to all eligible employees working (check one): 20 hours or more per week 30 hours or more per week

4 CONTINUATION COVERAGE¹

What type of continuation coverage is your company subject to? Federal COBRA (20+ employees) Cal-COBRA (2-19 employees)

How many COBRA or Cal-COBRA applications will you be submitting as of the group's effective date? _____

5 COMPANY PREMIUM CONTRIBUTION

The contribution can be a percentage or a fixed dollar amount. Minimum contribution must be at least 50 percent of the premium for a single subscriber under age 30 for the lowest-priced plan offered by the employer.

Company contribution for employees:		Company contribution for dependents:	
\$ _____ or _____ % of the premium		\$ _____ or _____ % of the premium	

Percentage of the premium is based on the following (check one):

Medical plan the employee selects

Rate for the employee's age band and family tier in the lowest-priced medical plan offered

Rate for a single employee under age 30 in the lowest-priced medical plan offered

6 OTHER MEDICAL INSURANCE

Does your company have or has it ever had group insurance through Kaiser Permanente? If *Yes*, please provide the customer ID and group number.

Yes No Customer ID #/Group #:

Does your company currently have active group health insurance?

Yes No Name of carrier: _____ Number of employees enrolled: _____

Will you be offering another carrier's small group health plan, alongside Kaiser Permanente, to your employees?

Yes No Name of carrier: _____

7 ERISA STATUS

Is your company subject to ERISA?² Yes No If you do not select an answer, we will record your status as *Yes*.

8 CONTRACT SIGNER INFORMATION

Title: Mr. Mrs. Miss Ms. Dr.

First name		MI	Last name	
Street address			City	State
Office phone () -		Ext.	Fax () -	Cell phone () -
How should we correspond with you? <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail			Email (required)	

9 CONTRACT DELIVERY PREFERENCE

We will deliver your Kaiser Foundation Health Plan/Kaiser Permanente Insurance Company contracts online in a PDF file at businessnet.kp.org unless you indicate below that you would like a printed contract(s) mailed to you.

I want to receive my contract(s) by mail.

10 BILLING CONTACT INFORMATION

Title: Mr. Mrs. Miss Ms. Dr.

First name		MI	Last name	
<input type="checkbox"/> Check here if this person is also authorized to make changes to your contract.				
Street address			City	State
Office phone () -		Ext.	Fax () -	Cell phone () -
How should we correspond with you? <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail			Email (required)	

11 INTERESTED PARTY

An *interested party* is an individual authorized to access your group's information, such as enrollees, premium contributions, and plan selections. An interested party may also be authorized to make changes to your contract, such as adding/deleting plans, adding/deleting employees, changing waiting periods, or increasing/decreasing company premium contributions.

Title: Mr. Mrs. Miss Ms. Dr.

First name	MI	Last name
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Check here if this person is also authorized to make changes to your contract.

Street address	City	State	ZIP
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Office phone () -	Ext.	Fax () -	Cell phone () -
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How should we correspond with you? <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail	Email (required)
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ADDITIONAL INTERESTED PARTY

Title: Mr. Mrs. Miss Ms. Dr.

First name	MI	Last name
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Check here if this person is also authorized to make changes to your contract.

Street address	City	State	ZIP
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Office phone () -	Ext.	Fax () -	Cell phone () -
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How should we correspond with you? <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail	Email (required)
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12 AUTHORIZED AGENT/BROKER OF RECORD FOR KAISER PERMANENTE

Complete only if you have a broker.

Agent name	License number
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Office phone () -	Fax () -	Cell phone () -
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Email _____

Firm name	Kaiser Permanente broker firm ID
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Street address	City	State	ZIP
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If your broker has not registered as a firm or agent with Kaiser Permanente, please advise your broker to call Broker Sales at 800-789-4661, option 4.

13 MEDICAL PLANS³

Please select the plan(s) you would like to offer. For more information on the plans listed below, contact your sales representative or agent/broker.

Copayment HMO plans	<input type="checkbox"/> \$5	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20	<input type="checkbox"/> \$30	<input type="checkbox"/> \$50
HSA-qualified deductible HMO plans	<input type="checkbox"/> \$0/\$2,000 with HSA	<input type="checkbox"/> \$0/\$2,700 with HSA	<input type="checkbox"/> \$30/\$3,000 with HSA		
Administered by	<input type="checkbox"/> Kaiser Permanente HSA ⁴	<input type="checkbox"/> Wells Fargo HSA	<input type="checkbox"/> Other HSA admin		
Deductible HMO plans	<input type="checkbox"/> \$30/\$1,000	<input type="checkbox"/> \$30/\$1,500	<input type="checkbox"/> \$40/\$2,000	<input type="checkbox"/> \$40/\$3,000	
Deductible HMO plans with HRA	<input type="checkbox"/> \$30/\$1,500 with HRA	<input type="checkbox"/> \$30/\$2,500 with HRA			
Administered by	<input type="checkbox"/> Kaiser Permanente HRA ⁴	<input type="checkbox"/> Other HRA admin			
Point-of-service (POS) plans	<input type="checkbox"/> POS + GIFT ⁵		<input type="checkbox"/> \$35 POS		
Preferred provider organization (PPO) plans	<input type="checkbox"/> \$40/\$1,000		<input type="checkbox"/> \$40/\$2,500 with HSA		

To help you make an informed choice, we make available *Summary of Benefits and Coverage (SBC)* documents, which summarize important information about our health coverage options in a standard format, so you can easily compare benefits and coverage offered by Kaiser Permanente and other carriers. *SBCs* for all our plans are available at kp.org/smallbusiness-sbc/ca.

14 DENTAL PLANS⁶

Please select no more than one plan.

Delta Dental Premier	<input type="checkbox"/> Plan D	<input type="checkbox"/> Plan C	<input type="checkbox"/> Plan E	<input type="checkbox"/> Plan E with Ortho (requires at least 10 subscribers)
Delta Dental PPO	<input type="checkbox"/> PPO D 1500	<input type="checkbox"/> PPO E 1000	<input type="checkbox"/> PPO E 1500	
DeltaCare HMO	<input type="checkbox"/> 13B HMO	<input type="checkbox"/> 10A HMO		

15 CHIROPRACTIC/ACUPUNCTURE PLANS^{6,7}

Please select the plan you would like to offer:

Chiropractic/Acupuncture plan for copayment, deductible HMO, and deductible HMO with HRA plans

Chiropractic/Acupuncture for the \$40/\$1,000 PPO plan only

The copayment plans, HSA-qualified deductible HMO plans, deductible HMO plans, deductible HMO plans with HRA, the in-network-portion of the Point-of-Service (POS) plan, and the chiropractic/acupuncture plan are underwritten by Kaiser Foundation Health Plan, Inc. (KFHP). Kaiser Permanente Insurance Company (KPIC), a subsidiary of KFHP, underwrites the Preferred Provider Organization (PPO) plans and the out-of-network portion of the POS plan as well as the Delta Dental of California dental plans and the PPO chiropractic/acupuncture plan. The chiropractic/acupuncture plan is administered by American Specialty Health Plans of California, Inc. The PPO chiropractic/acupuncture plan is administered by Private Healthcare Systems.

¹ The employer retains all COBRA administrative responsibilities (such as notifying qualified beneficiaries of COBRA rights and processing COBRA elections) but delegates to Kaiser Foundation Health Plan, Inc. (Health Plan), the following clerical functions: billing Cal-COBRA members for applicable premiums (the employer authorizes Health Plan to add an administrative charge for this service), and terminating Cal-COBRA members for nonpayment of Cal-COBRA premiums or for expiration of the expected time limit that the employer specifies for Cal-COBRA coverage. If you use a third-party administrator (TPA), please contact your Kaiser Permanente representative.

² ERISA is a federal law that sets minimum standards for employee benefit plans established by private employers and employee organizations. Many group health plans are subject to ERISA, although government and church plans generally are not. If you're unsure of your group health plan's ERISA status, we recommend that you consult with your financial or legal adviser before responding.

³ You're eligible to offer a choice of plans to your employees if you have three or more enrolled subscribers.

- Groups with three to five enrolled subscribers can offer a choice of one or two Kaiser Permanente plans.
- Groups with six or more enrolled subscribers can offer a choice of one or more Kaiser Permanente plans.

⁴ If you are selecting a deductible HMO plan with HRA or HSA administered through Kaiser Permanente, please contact the Customer Connection Team at 800-790-4661 or your broker to set up your account.

⁵ GIFT (gamete intrafallopian transfer) is an infertility treatment that involves removal, preparation, and reimplantation of ovum.

⁶ Dental and chiropractic/acupuncture plans are available only when purchased with a medical plan. If you choose a dental and/or chiropractic/acupuncture plan, all subscribers and dependents must participate, except for out-of-state employees, who are not eligible.

⁷ Chiropractic/Acupuncture plans cannot be combined with any HSA-qualified deductible HMO plan or the PPO with HSA plan.

16 IMPORTANT INFORMATION – PLEASE READ CAREFULLY

This is an application for coverage only. No contract for coverage will exist until Kaiser Foundation Health Plan, Inc. (KFHP), or Kaiser Permanente Insurance Company (KPIC) has completed its review and communicated to the business applicant or the applicant's broker that the application has been accepted and a group health plan contract/group policy will be issued.

All groups may be subject to a recertification process. Recertification is done to ensure that groups meet all Kaiser Permanente requirements and those set forth in the California Health and Safety Code.

17 SIGNATURE

As a company principal/corporate officer, having authority to contract with KFHP and KPIC, I agree that:

- Prepaid monthly premiums will be posted to Kaiser Permanente's account by the due date on the Kaiser Permanente billing statement.
- My company will use employee enrollment application forms provided or approved by KFHP and KPIC for new employees.
- My company will abide by the contract provisions.

I have read, understood, and agreed to Kaiser Permanente's *Small Business Guidelines*, which may be included with my rate quote or, if not included, is available at kp.org/smallbusinessguidelines/ca.

I understand that a *Summary of Benefits and Coverage (SBC)* for each of my medical plans is available at kp.org/smallbusiness-sbc/ca. I agree to provide my eligible employees with *SBCs* for any plan(s) I have chosen or change to in the future.

I certify, to the best of my knowledge, that all of the responses given are true, correct, and complete. I understand that if I have misrepresented or omitted any material fact, any coverage approved by KFHP or KPIC may be canceled or the applicable premiums/rates may be adjusted.

AGREEMENT TO THE USE OF BINDING ARBITRATION FOR MEMBER DISPUTES*

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure, and claims that cannot be subject to binding arbitration under governing law), disputes between KFHP members or KPIC enrollees*, their heirs, relatives, or associated parties (on the one hand) and KFHP, KPIC, Kaiser Permanente health care providers, or other associated parties (on the other hand), for alleged violation of any duty arising out of or related to KFHP membership or KPIC coverage, including any claim for medical or hospital malpractice (a claim that medical services or items were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. KFHP members and KPIC enrollees thus give up their right to a court or jury trial, and instead accept the use of binding arbitration as specified in the applicable *Evidence of Coverage* or *Certificate of Insurance*.

Signature required for all Kaiser Permanente Plans X	Date
Authorized company signer (please print name)	Title

**Disputes arising from any of the following KPIC products are not subject to binding arbitration: 1) Tiers 2 and 3 of the Point-of-Service (POS) Plans; 2) the Preferred Provider Organization (PPO) and Out-of-Area Indemnity (OOA) Plans; and 3) the KPIC Dental plans.*