

Fill in all areas below using black ink.

Customer information	
Company name	Customer ID
Company contact	Contact phone number*
Email*	Fax number*

Please provide the following information for new employees eligible for coverage who have not been with the company long enough to appear on your most recent DE 9C filing or payroll records.

	Employee name	Start date	Total hours worked each week	Hourly wage	Social Security number (last 4 digits)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Required 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 Foundation Health Plan, Inc., with any information necessary to do so.	
Authorized company signer (please print)	Title
X Signature	Date

Fax or mail to:
 Kaiser Permanente Small Business
 393 E. Walnut St. (BRBK)
 Pasadena, CA 91188
1-800-369-8010 (fax)

For more information, call **1-800-790-4661**.
 Group administrators, press 1.
 Southern California brokers, press 3.
 Northern California brokers, press 4.

*By giving us your contact information, you agree to be contacted by a Kaiser Permanente representative by phone, fax, or email.