



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.** Return this form to your Kaiser Permanente sales representative or your broker.

COMPANY INFORMATION

Company name		Customer ID (if assigned)	
Phone () –	Ext.	Fax () –	

EMPLOYEE INFORMATION

[illegible]

SIGNATURE

I affirm that I have authority to contract with Kaiser Foundation Health Plan, Inc., and Kaiser Permanente Insurance Company on behalf of the group. 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 name)	Title (please print)
Signature X	Date