

## ELECTRONIC FUNDS TRANSFER (EFT) FOR INITIAL PAYMENT

Kaiser Permanente does not accept credit cards for initial small group coverage premium payments.

### EMPLOYER INFORMATION

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Company Name \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Billing Contact Name \_\_\_\_\_ Billing Contact Email Address \_\_\_\_\_

### AUTHORIZATION

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I authorize Kaiser Permanente to withdraw the debit amount from the account below:

\_\_\_\_\_  
Name (as it appears on the bank account)

\_\_\_\_\_  
Street Address (as it appears on the bank account)      City      State      ZIP      County

\_\_\_\_\_  
Transit Routing Number (9 digits)

\_\_\_\_\_  
Bank Account Number

#### Premium Debit Amount:

Withdraw the amount of the first month's premium, based on the final rate verification; **OR**  Indicate amount to be debited: \$ \_\_\_\_\_

If this item is returned unpaid, I authorize Kaiser Permanente to resubmit the item and charge this account an additional insufficient funds fee for the maximum amount allowed by the state as a result of a returned check.

### SIGNATURE

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I affirm that I have authority to contract with KFHP-MAS/KPIC on behalf of the group.

\_\_\_\_\_  
Authorized company signer (please print name)

\_\_\_\_\_  
Title (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Confidentiality note: This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information in the transmission is strictly prohibited. If you have received this transmission in error, please notify the sender immediately by telephone or by return fax and destroy this transmission, along with any attachments.

Do not mail your payments to the addresses below.

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS)**  
4000 Garden City Dr, 5th Floor, Hyattsville, MD 20785

**Kaiser Permanente Insurance Company (KPIC)**  
One Kaiser Plaza, Oakland, CA 94612  
61161312