

5. EMPLOYER PHYSICAL ADDRESS

Physical address must be located in the NW service area and cannot be a P.O. box.

Address _____ City _____ State _____ ZIP _____

6. EMPLOYER MAILING ADDRESS

Address _____ City _____ State _____ ZIP _____

7. EMPLOYER BILLING ADDRESS

Address _____ City _____ State _____ ZIP _____

Check here if billing address is the same as mailing address.

8. AUTHORIZING SIGNATURE

X _____
Current employer contact (print) Signature Date

9. SUBMITTING THIS FORM

Submit the completed form to your Kaiser Permanente account management team by email, mail, or fax.

By email: small.group.respond@kp.org

By mail: Kaiser Permanente, Attn: Small Business, 500 NE Multnomah St., Suite 100, Portland, OR 97232

By fax: 877-237-5548

