



# New Group Checklist

## 6 easy steps to enrollment

To help us process your enrollment accurately, please be sure all the items listed below are completed and submitted to your broker prior to the effective date of coverage.

### 1. New Group Application

Please complete and sign the New Group Application. If the application is submitted without your signature, it will be returned, delaying implementation of your group. If your group has 16 or more enrolling employees, you are also required to complete the Health Questionnaire, which is used to determine your group's rates.

### 2. Employee Enrollment Applications

If your group is enrolling in a Traditional Plan for Small Business, it is very important that you communicate the plan name to your employees. They will need to check-off the plan name in the following places: 1) on the cover of their enrollment booklets, in order to reference information about their benefits and copayments and 2) on their Temporary Membership ID, which is located on page 5 of the enrollment booklet.

#### ■ For groups with 1 – 5 or 16 – 50 enrolling employees:

Make sure all employees complete, sign, and date page A-1 of their Enrollment Applications located in the employee enrollment booklet. (Employees are **NOT** required to complete the Health Questionnaire portion of the Enrollment Application). Each employee should also complete and save the Temporary Membership ID located in the employee enrollment booklet.

#### ■ For groups with 6 – 15 enrolling employees:

Make sure all employees complete, sign, and date page A-1 of their Enrollment Applications located in the employee enrollment booklet. Each employee must complete the Health Questionnaire on pages A-2 and A-3. Any information provided will not result in a denial of coverage. The information will be used to determine your group's rates. To protect the privacy of your employees, the applications must remain sealed and can only be opened by an authorized Kaiser Permanente representative. Each employee should also complete the Temporary Membership ID located in the employee enrollment booklet.

### 3. Declination of Coverage

All eligible employees who voluntarily decline to enroll in the Kaiser Permanente health plan offered during the enrollment period must complete and sign this form, including their reason for declining. Complete the top portion of the form before passing to employee(s).

### 4. DE 6 (Quarterly Wage Report) or Payroll Report

A copy of the most recent quarterly wage or payroll report.

*Important note:* Please provide the status for each employee listed on the DE 6 or payroll report.

Write one of the following next to each employee's name:

Kaiser Permanente  
Part-time  
Declining  
In waiting period  
Terminated

If another carrier is being offered alongside Kaiser Permanente, indicate which employees are selecting that carrier. For all new employees whose names do not appear, provide copies of their W-4 Forms and write their names at the end of the DE 6 or payroll report.

## 5. Proprietor/Partner/Corporate Officer Form

Must be completed for each owner/partner/corporate officer enrolling not listed on the DE 6 or payroll report. In addition, one or more of the following must be provided to prove that you have been in business for at least 50% of the previous calendar quarter or previous calendar year: a current DE 6 or payroll report, legal partnership agreement, fictitious name statement, DBA, current business license, Schedule K, Articles of Incorporation, Schedule C, or current professional license.

## 6. Initial premium check

Estimated first month's premium check, payable to "Kaiser Permanente." This check must be issued by the group or the Broker's trust account. Send only a photocopy of the check with the group's enrollment material. The original check must be sent to a separate address (see below). Once the group has been activated, an acknowledgement will be sent to your Broker with your group's Purchaser ID#. The Purchaser ID# must be written on the original check and sent to the appropriate address below:

### ■ For Southern California groups, mail check to:

Kaiser Foundation Health Plan, Inc.  
File #5915  
Los Angeles, CA 90074-5915

### ■ For Northern California groups, mail check to:

Kaiser Foundation Health Plan, Inc.  
File #73030  
P.O. Box 60000  
San Francisco, CA 94160-3030