

IMPORTANT INFORMATION

Use this form to change your billing contact, interested party contact, or contract signer information.
This form isn't for change of ownership requests. For guidance on this process please contact our Small Business Services Customer Connection Team at **800-790-4661, option 3**, to speak to a representative or email **amt@kp.org**. You may also contact your broker.

1 COMPANY INFORMATION

Company name	Group number	Federal Tax ID (EIN) Number
Phone () -	Fax () -	

Check here if your phone or fax has changed.

2 REASON FOR REQUESTING CHANGE OF CONTRACT SIGNER

- Contract signer no longer with the company
 Revising contract signer; original contract signer still with company

Note: If online account services is being used, then complete a separate Online Account Services User ID Request form when submitting a contact change.

3 NEW CONTRACT SIGNER

There's only one contract signer. This principal person is responsible for signing the group agreement, providing renewal information, and authorized to make membership or contractual changes to your account. This address will become the group mailing address, if different from the business physical address.

First name	MI	Last name	
Title			
Street address	City	State	ZIP
Office phone () -	Ext.	Fax () -	Cell phone () -
Email			

4 INTERESTED PARTY CHANGE

An **interested party** is an individual authorized to access your group's information, such as enrollees, premium contributions, and plan selections. An **interested party** may also be authorized to make changes to your contract, such as adding/deleting plans, adding/deleting enrollees, or increasing/decreasing company premium contributions.

- Add Remove Check here to also authorize this person to make changes to your contract.

First name	MI	Last name	
Title			
Street address	City	State	ZIP
Office phone () -	Ext.	Fax () -	Cell phone () -
Email			

- Add Remove Check here to also authorize this person to make changes to your contract.

First name	MI	Last name	
Title			
Street address	City	State	ZIP
Office phone () -	Ext.	Fax () -	Cell phone () -
Email			

If you want to add or delete additional interested parties, please attach an additional page.

5 BILLING AND THIRD-PARTY ADMINISTRATOR (TPA) CONTACT CHANGE

The **billing contact** is the person within your company to whom billing statements are addressed. This person will have access to group information, but isn't authorized to sign the group agreement or to make contractual changes to your account. Only one billing contact is allowed (additional names can be added as interested parties above).

The **TPA** is an external person, company, or broker that's contracted for the purpose of administering the group's billing and enrollment or solely administering your COBRA benefits. This person will have access to group information, but isn't authorized to sign the group agreement or to make contractual changes to your account.

5A BILLING CONTACT

Change my billing contact to:

First name		MI	Last name	
Street address			City	State
				ZIP
Office phone () -	Ext.	Fax () -	Cell phone () -	
Email				

- Check here to also designate this person as an interested party.
 Check here to also authorize this person to make changes to your contract.

5B THIRD-PARTY ADMINISTRATOR (TPA) CONTACT INFORMATION

- Add Change Remove

TPA company name

<input type="checkbox"/> TPA is for COBRA administration only.		<input type="checkbox"/> Check here if COBRA statement will be sent to group's billing address.		Effective date / /
First name		MI	Last name	
Street address			City	State
				ZIP
Office phone () -	Ext.	Fax () -	Cell phone () -	
Email				

How should we correspond with this person? **(Select one only)** Email Mail

6 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.

Authorized company signer (please print name)		Title (please print)	
Signature		Date	
X			

CONTACT INFORMATION

Fax completed form to **800-369-8010** or email to **amt@kp.org**.

If you have any questions, please call our Small Business Services Customer Connection Team at **800-790-4661, option 3**, or your broker.