

1 COMPANY INFORMATION

 Company name

Group number

 Federal tax ID (EIN) number **(only if new)**

Phone

Fax number

 Website

 Check here if your phone, fax, or website has changed **(at the company level)**.

2 COMPANY NAME CHANGE

 New company name

 Previous company name

3 COMPANY ADDRESS CHANGE

New street address

City

State

ZIP

 County

Previous street address

City

State

ZIP

 County

Change address for:

- Check here if all addresses are the same.
- Company physical address* (California address — no P.O. box or purchased address)
- Billing address (where billing statement will be mailed)
- Mailing address (where company's contract and renewal information will be mailed)

If updating more than one address, please submit an additional page.

 *A rate change occurs upon renewal only.

4 AUTHORIZED COMPANY SIGNER

 I affirm that I have authority to contract with Kaiser Foundation Health Plan, Inc., and Kaiser Permanente Insurance Company on behalf of the group.

Name (please print)

 Title (please print)

Signature

 Date

X
5 CONTACT INFORMATION

 Fax completed form to **800-369-8010**.

 AMT email: **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.

If you're going through recertification contact us at:

 Recertification email: **recert@kp.org**

 Recertification fax: **866-233-7847**