

CONTACT CHANGE REQUEST

INSTRUCTIONS

Use this form to change your billing contact, interested party contact, or contract signer information.

This form is not 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	Customer ID (if assigned)	Federal Tax ID (EIN) Number
<input type="checkbox"/> Check here if your company phone or fax has changed.	Company phone () -	Fax () -

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 change form when submitting a contact change.

3 NEW CONTRACT SIGNER

There is only 1 authorized contract signer. This is the person who will be responsible for signing the *Group Agreement* and the principal person authorized to make membership or contractual changes to your account. This person is also responsible for renewal information.

First name	MI	Last name
Title		
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 employees, changing waiting periods, 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		
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		
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 is not authorized to sign the *Group Agreement* or to make contractual changes to your account. Only 1 billing contact is allowed (additional names can be added as interested parties above).

The **TPA** is an external person, company, or broker that is 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 is not 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
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

TPA is for COBRA administration only. Effective date
 / /

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

How should we correspond with you? (Select 1 only.) Email Fax 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 X	Date

CONTACT INFORMATION

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