

1 COMPANY INFORMATION

Company name			
Customer ID		Federal tax ID (EIN) number	
Phone	Fax number	Email	
<input type="checkbox"/> Check here if your phone, fax, or email has changed.			

2 COMPANY NAME CHANGE

New name
Previous 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 1 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
Signature X	Date

5 CONTACT INFORMATION

For more information, call our Small Business Services Customer Connection Team at:
800-790-4661, option 3.
 AMT email: **amt@kp.org**
 Recertification email: **recert@kp.org**
 Fax to: **800-369-8010**