KAISER PERMANENTE®

Small Business

EMPLOYER ATTESTATION DECLINATION OF COVERAGE

INSTRUCTIONS

For groups with 10 or more eligible employees, please use this form to list your employees who have declined coverage. Keep a copy of this form for your records. To terminate a subscriber or member, please use the Subscriber Termination and Transfer Form.

COMPANY INFORMATION

Company name	Customer ID (if assigned)

REASONS FOR DECLINING

Kaiser Permanente group health coverage has been offered to the eligible employees listed below. These employees have voluntarily chosen not to enroll in a Kaiser Permanente plan at this time for one of the following reasons (use reason codes 1–5 below):

1. Covered by another employer's health plan through a spouse, domestic partner, or parent
2. Covered by another plan offered by their employer
3. Covered by Medicare, Medi-Cal, or TRICARE
4. Covered by an individual health plan
5. Not interested in enrolling at this time

Avoid processing delays by assuring the reason code is completed below.

Groups enrolling during Guaranteed Availability (November 15–December 15) are exempt from completing the required reason code below and meeting participation and contribution requirements.*

First name	Last name	Last 4 digits of Social Security number	**Reason code**	Carrier name (if applicable)

To list additional employees, please use a second sheet of paper and attach it to this form.

*Please note: Groups may be flagged to undergo recertification and will be required to meet all underwriting criteria, including participation and contribution requirements at that time.

SIGNATURE

I understand that the next opportunity to enroll will be during the annual open enrollment period or after a qualifying event. I affirm that I am the contract signer and have authority to make membership or contractual changes to our account 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