

If you'd like to change to a multiple plan offering, please complete this form in **black ink**. We will send you booklets containing benefit information for your new plan(s). Please provide a booklet to each of your employees.

Customer information		
Company name	Customer ID	
Company contact	Enrollment unit	
Contact phone number ¹	Fax number ¹	E-mail ¹

Multiple plan offering options			
<input type="checkbox"/> Please switch my group to a multiple plan offering.			
Please make the selected change effective _____ 1, 2011. <div style="text-align: center;">(month)</div>			
<p>Multiple plan offering rules: Groups with three to five subscribers are eligible to enroll in a maximum of two Kaiser Permanente plans. Groups with six or more subscribers are eligible to enroll in one or more plans. If you choose to offer a POS or PPO plan, you must have Kaiser Permanente as your sole carrier, and the plan must be offered with at least one copayment or deductible HMO plan. At least 70 percent of all employees enrolled in the Health Plan must be enrolled in a copayment or deductible HMO plan, and combined enrollment in Kaiser Permanente Insurance Company POS and PPO medical plans must not exceed 30 percent.</p>			
Copayment plans <input type="checkbox"/> \$50 plan <input type="checkbox"/> \$30 plan <input type="checkbox"/> \$20 plan <input type="checkbox"/> \$15 plan <input type="checkbox"/> \$5 plan	Deductible HMO plans <input type="checkbox"/> \$40/\$2,000 plan <input type="checkbox"/> \$30/\$1,500 plan <input type="checkbox"/> \$30/\$1,000 plan	HSA-qualified deductible HMO plans <input type="checkbox"/> \$30/\$3,000 plan with HSA <input type="checkbox"/> \$0/\$2,700 plan with HSA <input type="checkbox"/> \$0/\$2,000 plan with HSA Deductible HMO plans with HRA^{2,3} <input type="checkbox"/> \$30/\$2,500 plan with HRA <input type="checkbox"/> \$30/\$1,500 plan with HRA	POS plan³ <input type="checkbox"/> \$35 plan PPO insurance plans³ <input type="checkbox"/> \$40/\$2,500 plan with HSA <input type="checkbox"/> \$40/\$1,000 plan

Please print or type. (minimum 3 subscribers)

Employee name	Plan name
(example) Jane Doe	\$30 plan

Employee name	Plan name
(example) John Smith	\$30/\$1,500 plan

If you need more space, please attach additional sheets as necessary. Employees not listed above will remain on their existing plans. New employees listed above must also include their enrollment forms.

For more information, call **1-800-790-4661**. Group administrators, press 2.
Southern California brokers, press 3. Northern California brokers, press 4.

Mail to: Kaiser Permanente – Small Business, 3100 Thornton Ave., Burbank, CA 91504

Company name

Customer ID**Required signature**

By signing this form, I acknowledge that changing to a multiple plan offering may increase my rates and that I am responsible for the additional premium.

Authorized company signer (Please print name.)

Title**X**

Signature

Date**Kaiser Permanente approval**

Kaiser Permanente management authorization

Title**X**

Signature

Date

Requests for a plan downgrade are accepted throughout the year; however, contractual changes cannot be effective during the 120 days before your anniversary date. It may take up to two billing cycles for the plan change to be reflected on your bill.

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¹By giving us your contact information, you agree to be contacted by a Kaiser Permanente representative by phone, fax, or e-mail.

²Employer must fund at least 25 percent of the subscriber's deductible for the \$30/\$1,500 Deductible HMO Plan with HRA and at least 40 percent of the subscriber's deductible for the \$30/\$2,500 Deductible HMO Plan with HRA.

³Deductible plans with HRA, POS plan, and PPO plans require additional forms to be completed. Call 1-800-790-4661.

Note: The copayment plans, HSA-qualified deductible HMO plans, deductible HMO plans, deductible HMO plans with HRA, and the in-network portion of the point-of-service (POS) plan are underwritten by Kaiser Foundation Health Plan, Inc. (KFHP). Kaiser Permanente Insurance Company (KPIC), a subsidiary of KFHP, underwrites the PPO plan and the out-of-network portion of the POS plan as well as the Delta Dental of California dental plans. The chiropractic benefit is administered by American Specialty Health Plans of California, Inc. The chiropractic/acupuncture benefit is administered by Private Healthcare Systems.