

**GROUP ELIGIBILITY RECERTIFICATION**  
**Employer Notification**  
**RESPONSE REQUIRED**

Dear Kaiser Permanente Choice Solution Employer Group:

Please review, complete and sign the declaration below. Return this form and all other applicable requirements necessary to process the group's Recertification as soon as possible, but no later than the due date shown above.

**Failure to return all applicable requirements will result in the non-renewal of your Kaiser Permanente Choice Solution coverage. In the event of non-renewal, coverage for all enrolled employees will terminate at the end of the month prior to the group's Renewal Date.**

**Mail To:**

Attn: Recertification Department  
Kaiser Permanente Choice Solution  
721 South Parker, Suite 200  
Orange, CA 92868

**Or Fax To:**

(800) 359-5185

**Declarations:** By signing below, you as the Owner/Officer of this company, certify that:

- The company has and will continue to abide by the guidelines and premium payment requirements of the Kaiser Permanente Choice Solution program.
- Each employee currently enrolled in Kaiser Permanente Choice Solution and/or applying for enrollment is an eligible employee under Kaiser Permanente Choice Solution guidelines.
- When an enrolled employee or dependent ceases to be eligible, the company will notify Kaiser Permanente Choice Solution within 30 days from the last day employed or eligible.
- The company has two employees enrolled at all times and meets the 70% minimum participation requirements.
- The company has an office located in California and at least 51% of eligible employees live or work in California.

\_\_\_\_\_  
Name *(Owner/Officer signing)*

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The deadline for Recertification requirements is no later than 30 days prior to the group's renewal.**

Should you have any questions, please feel free to contact our Recertification Department at (800) 580-9626.

**KAISER PERMANENTE CHOICE SOLUTION**  
A CHOICE Administrators® Program