

# Key Position Request Form

<b>Group Name</b>	<b>Group #</b>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**I am requesting to waive the waiting period for my key employees. I understand the following requirements and guidelines must be satisfied in order to approve my request:**

- ▶ Key employees may only include Owners, Executives, Managers and/or Salaried employees.
- ▶ Key employees must earn a salary within the top 10% of the company salary scale. (current payroll ledger must be submitted)
- ▶ Coverage must be offered to all eligible key employees on a uniform basis.
- ▶ Employees hired more than 30 days prior to receipt of this request are ineligible and must wait the standard waiting period.
- ▶ Key employees are eligible on the 1<sup>st</sup> of the month following their date of full-time employment.
- ▶ Future key employees must be advised of their eligibility in writing.
- ▶ The key positions checked below may not be changed until the next Open Enrollment period.

**Check the following key positions to be included:**

- Owners
- Executives (President, VPs, Directors)
- Managers
- Salaried

**I understand** that the above statements are subject to audit at any time. False statements and/or failure to provide the information upon request will cause the termination of all Kaiser Permanente Choice Solution benefits 15 days following the date of the notice of termination and I will be held responsible for all services and charges incurred through Kaiser Permanente Choice Solution program providers thereafter.

**I agree** to provide Kaiser Permanente Choice Solution with any and all information necessary to prove the above statements.

**I understand** that any persons, business, or health plan that suffers a loss because of false declarations contained in this statement of Key Position eligibility may have cause to bring civil action against me to recover their losses.

**I DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Employer Print Name

\_\_\_\_\_  
Date

**A copy of this form must be submitted with each key employee application**