

IMPORTANT INFORMATION

Use this form to change your billing contact, interested party contact, or contract signer information.
Complete this form in its entirety to avoid processing delays.

1 COMPANY INFORMATION

Company name	Group ID
Phone () -	Federal Tax ID (EIN) Number
<input type="checkbox"/> Check here if your phone number has changed.	

2 REASON FOR REQUESTING CHANGE OF CONTRACT SIGNER

Please select one:

- Contract signer no longer with the company will be removed at all levels.
 Revising contract signer; original contract signer still with company, and will be left as Interested Party.

Note: If online account services is being used, you must also complete the [Primary Administrator Online Request form](#) or contact the Web Support Team at CSC-SD-CAS-Web-Support@kp.org, or call 1-800-790-4661 option 4 (CA only) or 1-866-575-3562 (other markets).

3 NEW CONTRACT SIGNER

There's only one contract signer. This principal person is responsible for providing renewal information, and authorized to make membership or contractual changes to your account.

First name	MI	Last name
Company title		
Street address	City	State ZIP
Office phone () -	Ext.	Cell phone () -
Email		

4 INTERESTED PARTY CHANGE

An **interested party** is an individual authorized to discuss and receive group specific information, and is authorized to make changes to your contract, such as adding/deleting plans, adding/deleting employees, or increasing/decreasing company contributions.

Note: Your broker, if you have one, can't be an interested party.

Add Remove

First name	MI	Last name
Office phone () -	Ext.	Cell phone () -
Email		

Add Remove

First name	MI	Last name
Office phone () -	Ext.	Cell phone () -
Email		

If you want to add or delete additional interested parties, please attach an additional page.

5 BILLING CONTACT CHANGE

Log into account.kp.org to manage your email or payer profile. The **billing contact** is the person within your company to whom billing statements are addressed. This person will have access to group information. Only one billing contact is allowed (additional names can be added as interested parties above).

Change my billing contact to:

First name	MI	Last name
Street address	City	State ZIP
Office phone () -	Ext.	Cell phone () -

6 THIRD-PARTY ADMINISTRATOR (TPA) CONTACT INFORMATION

The TPA is an external person, company, or broker that's contracted for the purpose of administering the group's billing and enrollment or solely administering your Federal COBRA benefits. This person will have access to group information.

Add Change Remove

TPA company name

<input type="checkbox"/> TPA is for COBRA administration only.	<input type="checkbox"/> TPA to receive bill	Effective date / /
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First name	MI	Last name
Street address	City	State ZIP
Office phone () -	Ext.	Cell phone () -

Email (required)

How should we correspond with this person? **(Select one only)** Email Mail

7 READ AND SIGN

I affirm that I have authority to contract with Kaiser Foundation Health Plan, Inc., and Kaiser Permanente Insurance Company on behalf of the group.

Authorized company signer (please print name)	Company title (please print)
Signature X	Date

CONTACT INFORMATION

Email completed form to CA.KP.EBS@kp.org or fax to **800-369-8010**.
 If you have any questions, please call Employer & Broker Services at **877-762-8247**.