KAISER PERMANENTE®

California Small Group

CUSTOMER NAME OR ADDRESS CHANGE REQUEST

1 COMPANY INFORMATION

Company name

Group ID	Federal tax ID (EIN) number **(only if newly issued)**
Phone ( ) –	Website

☐ Check here if your phone number or website has changed.

2 COMPANY NAME CHANGE

New company name

Previous company name

3 COMPANY ADDRESS CHANGE

☐ Check here if all addresses are the same

*New physical street address (California address, no P.O. box or purchased address)	City	State	ZIP	County
Mailing address (where company's group agreement and renewal information will be mailed)	City	State	ZIP	County
Billing address (where billing statement will be mailed). If you're enrolled in paperless billing, sign in to account.kp.org to manage your email or payer profile.	City	State	ZIP	
COBRA billing address	City	State	ZIP	

***A rate change may occur upon renewal only.**

4 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.

Name (please print)	Company title (please print)
Signature X	Date

5 CONTACT INFORMATION

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