

**1 COMPANY INFORMATION**

Company name		
Group ID	Federal tax ID (EIN) number <b>(only if newly issued)</b>	
Phone (    )    -	Fax number (    )    -	Website
<input type="checkbox"/> Check here if your phone, fax, or website has changed <b>(at the company level)</b> .		

**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, log into <b>account.kp.org</b> to manage your email or payer profile.	City	State	ZIP	
COBRA billing address	City	State	ZIP	

**A rate change occurs 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 <b>X</b>	Date

**5 CONTACT INFORMATION**

Email completed form to **amt@kp.org** or fax form to **800-369-8010**.  
 If you have any questions please call our Small Business Account Management Support Team at: **800-790-4661, option 3** or your broker.