

ATTESTATION FOR ALTERNATIVE FUNDED PLANS/COMPOSITE RATES

Please use this form when you're offering Kaiser Permanente to a California carveout and the out of state population will be offered an alternative funded plan or composite rates. California employees aren't eligible for out-of-state plans and out-of-state employees aren't eligible for Kaiser Permanente plans. When this is the case, a group may write alongside Kaiser Permanente. By signing below, you're attesting to offering an alternative funded plan or composite rates **only** under these circumstances.

COMPANY INFORMATION

Company name	Group ID (if assigned):
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Effective date:

Name of carrier/alternative plan:

By submitting and signing this form, I attest to the following:

- *I have discussed this matter with the group and they are informed of this policy.*
- *I am only offering an alternative funded plan or composite rates under the circumstance outlined above and all other plans offered alongside Kaiser Permanente Small Group plans are ACA-compliant plans.*

READ AND SIGN (BROKER/AGENT)

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

Agent/broker (please print name):	Firm name
Signature: X	Date