

IMPORTANT INFORMATION

Use this form when offering Kaiser Permanente's new fertility plans as part of a slice offering (i.e., alongside another carrier) to confirm that all plans provide fertility coverage.

Note: Incomplete forms will cause processing delays.

COMPANY INFORMATION

Company name	Group ID (if assigned)
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Effective date

Name of other carrier/alternative plan
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READ AND SIGN

By submitting and signing this form, I attest all ACA-metal plans offered in slice offerings, alongside another carrier's plan(s), provide fertility coverage.

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

Agent/broker or Authorized company signer (print name)	Brokerage firm name or Company title (print)
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Signature (required) X	Date
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Complete and return to your broker or Kaiser Permanente representative.