

IMPORTANT INFORMATION

1. Subscriber terminations, transfers, and reinstatements are allowed for subgroups sharing the same Group ID and region and can only be made by designated staff responsible for managing the group's account. This form is not required if changes are submitted under "Manage Members" on business.kp.org.
2. New subscriber enrollments and dependent changes can be completed on business.kp.org under "Manage Members" or by submitting the Employee Enrollment or Employee/Dependent Change electronic signature forms.
3. Refer to your contract for your specific retroactivity policy including your termination, transfer, and reinstatement effective dates.

1 COMPANY INFORMATION

Company name	Group ID/Subgroup ID
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2 TERMINATION REQUEST(S)

When an employee's coverage terminates, the entire family account will end on the last day of that month at 11:59 p.m. PT. The termination effective date will be the 1st of the following month.

Subscriber(s) name	Social Security number	Termination effective date*	Termination reason

☐ Check box to request Cal-COBRA information.

3 TRANSFER REQUEST(S)

Note: Transfer requests can only be processed during open enrollment period.

Subscriber(s) name	Social Security number	Transfer effective date*	Indicate new Subgroup ID/plan

4 REINSTATEMENT REQUEST(S)

Note: Reinstatement will be with no lapse in coverage.*

Subscriber(s)/Dependent(s) name	Social Security number	Effective date*	Reinstatement reason

5 CONTACT INFORMATION

For immediate processing, submit your changes under "Manage Members" on business.kp.org. Electronic signature forms will be routed for automatic processing. Any other versions of this form must be emailed to csc-sd-sba@kp.org as a PDF attachment, or fax to 855-355-5334.

Don't mail this form with your payment. Retain a copy for your records.

*Refer to your contract for your specific retroactivity policy.