KAISER PERMANENTE®

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest.
500 NE Multnomah St., Suite 100, Portland, OR 97232.

ELECTRONIC TRANSFER FOR INITIAL AND RECURRING PAYMENTS

INSTRUCTIONS

New Group: Return this form, along with your New Group Application (Employer Application), to your Kaiser Permanente sales representative and/or producer. This form will authorize payment for your first month's premium. You may also use it to authorize future/recurring monthly premium payments. If you choose to set up future/recurring payments after your group enrollment is complete, visit **business.kp.org.**

Existing Group: For recurring payments, email this form to **Commercial-Membership-MOC@kp.org** or fax to 866-311-5974. You can also visit **business.kp.org** to view premium bills, make one-time premium payments, or set up recurring payments.

Note: Kaiser Foundation Health Plan of the Northwest (KFHPNW) doesn't accept credit card payments for group coverage.

EMPLOYER INFORMATION

Employer name	Group number (if assigned)

Phone ( ) –	Ext.	Email

PAYMENT AUTHORIZATION

I authorize KFHPNW to withdraw the amount due, based on the final enrollment, from the account below:

Bank routing number (**9 digits**)	Bank account number

Initial Payment (New Groups Only)

One-time withdrawal for first month's payment based on final premium rates

Debit amount (This amount must be paid when submitting for processing new groups.)

Recurring EFT Payments (New and Existing Groups)

Check box only if you would like recurring payments.

I authorize KFHPNW to set up future autopay/recurring payments* from the account above. Statement balance will withdraw 4 days prior to due date (other options are available at **business.kp.org** once your account is set up).

*If payment is returned unpaid, I authorize KFHPNW to resubmit the payment and may charge this account an additional insufficient funds fee for the maximum amount allowed by the state as a result of a returned check.

READ AND SIGN

I affirm that I have authority to contract with KFHPNW on behalf of the group.

Authorized company signer (please print name)	Company title (please print)

Signature X	Date