



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

Small Group

NOTICE OF LATE SUBMISSION AND REQUEST FOR PROCESSING EXCEPTION

This form is required for groups submitting an application for insurance on or after the 25th of the month prior to the requested effective date of coverage. In accordance with the policies of Kaiser Foundation Health Plan of the Northwest (KFHPNW) Small Business Group, all necessary enrollment materials are due by the 20th of the month before the effective date of coverage. The group named below has missed the processing deadline for the requested coverage date.

Before KFHPNW will consider an exception request, the authorized group signer must agree to the following terms and conditions and must acknowledge this agreement by signing below.

1. KFHPNW will process the group submission; however, this exception is not a guarantee of coverage. We must still review a group's enrollment materials and required proof of business (if applicable) to make sure the group has met all company and state underwriting guidelines no later than the 5th of the month following the effective date of coverage. If documentation is not provided, we will decline coverage. The group should take necessary precautions to avoid gaps in benefit coverage.
2. Until KFHPNW provides the new group confirmation and final rates for benefits, proposed members will not have access to benefits. The access to benefits may be delayed by 5 to 10 business days because of the late submission of the group.
3. This late submission will also result in delays in production of member identification cards and plan documents. If services are needed before receiving ID cards, members may contact Member Services for assistance at **1-800-813-2000. If you don't have your ID card before your first appointment, bring your photo ID. Once your ID card is issued, you can access a digital copy on the Kaiser Permanente app.**
4. The authorized group signer or group administrator agrees to inform proposed members (e.g., employees and dependents) of the late submission and of the consequences highlighted above in this exception request.

Business Name: _____

Requested Effective Date: _____

Authorized Group Signer Name: _____

Authorized Group Signer Signature: _____ Date: _____