

**IMPORTANT INFORMATION**

Please complete this form if you're a new business (startup, breakaway or initiating payroll from an established business) and don't have payroll to document eligible employees.

**1 COMPANY INFORMATION**

Company name

Check one: ☐ Startup  
☐ Breakaway from an existing business  
☐ Established business with newly created payroll

**2 EMPLOYEE INFORMATION**

First name	MI	Last name	Start date (mm/dd/yyyy)	Hourly wage/ Salary	Social Security number (last 4 digits)

**3 READ AND SIGN**

I affirm that I have authority to contract with Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. on behalf of the group. I attest that the employees listed above are permanent, eligible employees working at least 20 hours per week. I understand that this information may be subject to verification and agree to provide Kaiser Permanente with any information necessary to do so. I will provide the company's first 30 days complete payroll records for all employees within 45 days of the effective date. I understand that Kaiser Permanente reserves the right to not renew coverage for my group if it doesn't meet Kaiser Permanente criteria as outlined in the Group Agreement and/or Group Contract.

Authorized company signer (please print name)

Company title (please print)

Signature

X

Date