



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

Employer Administrative Changes Form

Please print or type in black or blue ink only.

Company name Effective date of change Group number

Please fill out this form in its entirety to ensure we have updated records. Any existing authorized contacts on the account will be removed if not listed on this form.

1. EMPLOYER PRIMARY CONTACT

Name Title

Email _____

Phone (_____) _____ Fax (_____) _____

☐ Check here if Billing Administrator Contact is the same as Primary Contact.

2. EMPLOYER SECONDARY CONTACT

A secondary contact is another person within your company or a third party (other than your producer) to whom you would like to grant account access.

☐ Check here if Secondary Contact is not authorized for group-billing-related inquiries (authorized for benefit-related questions only).

Name Title

Email _____

Phone (_____) _____ Fax (_____) _____

3. EMPLOYER BILLING ADMINISTRATOR CONTACT

Name Title

Email _____

Phone (_____) _____ Fax (_____) _____

When changing the billing administrator contact, it is necessary to complete the Online Account Services User ID Request Form to access the group information online through **account.kp.org**.

4. EMPLOYER SECONDARY BILLING ADMINISTRATOR CONTACT

Name Title

Email _____

Phone (_____) _____ Fax (_____) _____

5. EMPLOYER PHYSICAL ADDRESS

Physical address must be located in the NW service area and cannot be a PO Box.

Address _____ City _____ State _____ ZIP _____

6. EMPLOYER MAILING ADDRESS

Address _____ City _____ State _____ ZIP _____

7. EMPLOYER BILLING ADDRESS

Address _____ City _____ State _____ ZIP _____

☐ Check here if billing address is the same as mailing address.

8. AUTHORIZING SIGNATURE

X _____	_____	_____
Current employer contact (print)	Signature	Date

9. SUBMITTING THIS FORM

Submit the completed form to your Kaiser Permanente account management team by email, mail, or fax.

By email: small.group.respond@kp.org

By mail: Kaiser Permanente, Attn: Small Business, 500 NE Multnomah St., Suite 100, Portland, OR 97232

By fax: 877-237-5548