



## ELECTRONIC TRANSFER FOR INITIAL AND RECURRING PAYMENTS

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

### 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 [account.kp.org](https://account.kp.org).

**Existing Group:** For recurring payments, email this form to [CSC-DEN-ROC-Group@kp.org](mailto:CSC-DEN-ROC-Group@kp.org) or fax to 866-311-5974. You can also visit [account.kp.org](https://account.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
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#### 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 [account.kp.org](https://account.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 <b>X</b>	Date

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