

Small Business Checklist

NORTHWEST

Group name _____

Requested effective date of coverage _____

New group enrollment checklist

- ☐ **Employee Census form** completed and signed.
- ☐ **Electronic Fund Transfer (EFT) form or check for first month's premium** made out to KFHPNW with the debit amount completed. No postdated checks. (Submit copy of first month's premium check if group submitted electronically without an EFT form.)
- ☐ **Employer Application** completed in its entirety and signed by the group's authorized signer.
- ☐ **Employee Enrollment forms** completed and signed for each eligible and enrolling employee.
- ☐ **Online Account Services User ID Request form** completed and signed by the group's authorized signer on the employer application.

Waivers/declination of coverage

Employers are required to complete the Employer Attestation Declination of Coverage form. Alternatively, employers may obtain a signed Small Business Employee Declination of Coverage form from each employee who declines coverage.

Employers must retain these documents and submit them only upon request to Kaiser Permanente.

Out-of-area employees

Up to 49% of a group's eligible employees may now live and work outside the service area. Such employees must enroll in an out-of-area plan. A wage and hour report may be required for employees who live and work outside the service area. See our "Rating and Underwriting Assumptions Policy" for additional details regarding the 49% threshold.

Proof of business or proof of employment

Copies of the quarterly employee wage report and appropriate employer tax documentation may be required for groups of 5 or fewer employees, groups composed 100% of family employees, or any group at the underwriting department's discretion.

Deadline for new group enrollment

Deadline: **20th** of the month prior to the effective date.

New group applications that are not received by Kaiser Foundation Health Plan of the Northwest (KFHPNW) by the 20th, or that are incomplete, may not take effect the first of the following month. They may be delayed until the first of the month after that.

Please remember that meeting the deadline does not guarantee group coverage. We must still review a group's enrollment materials to make sure all company and state underwriting guidelines are met.

"Rating and Underwriting Assumptions Policy"

Please see our "Rating and Underwriting Assumptions Policy" for assistance completing this application.

Submitting a new group

Please send a copy of this form along with your group's enrollment materials through one of the options below:

1. Email your sales executive.
2. Mail to Kaiser Permanente, attention sales executive's name, at:

KFHPNW Small Business Group
500 NE Multnomah St., Suite 100
Portland, OR 97232-2099
Attn: 14th Floor _____

Sales executive name _____

