

Employer name
Group number (if known)

Employee Enrollment Supplemental Application

For 1-100 Employee Small Groups

This form is to accompany the Colorado Uniform Employee Application for Small Group Health Benefit Plans. **You should only complete this form if you are enrolling in the KP CO PPO medical plan.** You will also need to complete the Colorado Uniform Employee Application and submit this form and the Colorado Uniform Employee Application to Kaiser Permanente.

SECTION 1: PEDIATRIC DENTAL COVERAGE

The KP CO PPO plan does not offer pediatric dental benefits. **If you are enrolling in the KP CO PPO plan, we are required to obtain reasonable assurance that you already have or will purchase pediatric dental coverage.** You must maintain pediatric dental coverage throughout your enrollment in the KP CO PPO health plan. We will rely on your confirmation, and we may take legal action, including, but not limited to, canceling your coverage, should we determine that you did not have the required pediatric dental coverage as you represented.

☐ I have purchased other pediatric dental coverage. I will maintain this pediatric dental coverage throughout my enrollment in the KP CO PPO health plan.

Last name	First name	M.I.	Date of birth / /
Employee signature			Date / /

The Preferred Provider Organization (PPO) plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc.