



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

# Employee Census Form Oregon

## A. GROUP INFORMATION

Company name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, state, ZIP \_\_\_\_\_  
 Current carrier \_\_\_\_\_  
 Current producer \_\_\_\_\_  
 Proposed effective date \_\_\_\_\_  
 Company contact \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please complete this form and return it via  
 mail, email, or fax.

**Mail:** Kaiser Foundation Health Plan  
 of the Northwest  
 500 NE Multnomah St., Suite 100  
 Portland, OR 97232

**Email:** nw.small.business@kp.org

**Fax:** 503-813-4426

**Questions?** 503-813-2630, ext. 2

## B. EMPLOYEE CENSUS INFORMATION

Please list owner(s) first and list all current employees on your payroll. Indicate each employee's eligibility for coverage, including those employees waiving coverage. If married employees plan to enroll separately, please list them separately, and indicate how many children each employee intends to enroll as dependents.

If the enrollment code selected is 03 or 04, you must indicate the ages of all dependent children. If not, we will assume 2 children ages 10 and 20, and the rates may be incorrect. If the enrollment code selected is 02 or 03, you must indicate the age of the spouse or domestic partner. If not, we will assume the spouse's age is the same as the employee and the rates may be incorrect. **We will rerate new groups based on actual enrollment and adjust the rates accordingly.**

Note: "Current employee" includes owners, sole proprietors, partners of a partnership, or independent contractors if an employer-employee relationship exists and employee is reported on payroll as receiving a wage or commission. Employees who work on a seasonal, temporary, or substitute basis are not eligible and should not be included in the census.

Employee name	Date of birth MM/DD/YY	Hours per week	Hire date	Eligible for coverage (check for Y)	Employee ZIP code	Enrollment code (see key)	Spouse or domestic partner DOB	Ages of all dependents
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

### Enrollment code key

### Family enrollment status

### Other status

- 01 Employee only
- 02 Employee + spouse
- 03 Employee + spouse + child(ren)
- 04 Employee + child(ren)

- G Waiving due to other comparable coverage
- NP Has not served waiting period
- NH Not enough hours to qualify for coverage/class not eligible
- W Waiving to no other coverage

As the authorized group representative, I confirm that the above information is correct. I understand and agree that Kaiser Foundation Health Plan of the Northwest reserves the right to deny enrollment to the entire group if the group enrollment criteria stated in the rating and underwriting assumptions policy are not met.

Signature of authorized representative \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_