



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 Washington

A. GROUP INFORMATION

Company name _____
 Address _____
 City, state, ZIP _____
 County _____
 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 owners(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 _____