KAISER PERMANENTE®

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

Small Business

WASHINGTON EMPLOYER ATTESTATION DECLINATION OF COVERAGE

IMPORTANT INFORMATION

Please use this form to list your employees who have declined coverage. Keep a copy of this form for your records.

1 COMPANY INFORMATION

Company name	Customer ID (if assigned)

2 REASONS FOR DECLINING

Kaiser Permanente group health coverage has been offered to the eligible employees listed below. These employees have voluntarily chosen not to enroll in a Kaiser Permanente plan at this time for one of the following reasons:

1. Covered by similar existing coverage
2. Not interested in enrolling at this time

Avoid processing delays by assuring the reason code is completed below. **Use reason code 1 or 2 listed above.**

First name	Last name	Medical, dental, or both?	**Reason code***

To list additional employees, please make copies of this form, as needed.

*Required field. Use reason code 1 or 2 listed above.

Groups enrolling during Guaranteed Availability (November 15–December 15) are exempt from completing the required reason code above and meeting participation and contribution requirements.

3 SIGNATURE

I understand that the next opportunity to enroll will be during the annual open enrollment period or after a qualifying event. I affirm that I am the contract signer and have authority to make membership or contractual changes to our account with Kaiser Foundation Health Plan of the Northwest.

Authorized company signer (please print name)	Title (please print)
Signature X	Date

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