



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

# 2-in-1 Employee Benefit Designation Form

Group name: \_\_\_\_\_ Group number: \_\_\_\_\_

Policy effective date: \_\_\_\_\_  Check if Enrollment Application/Change of Information Form is attached.\*

\*Please note: If an employee is enrolling for the first time or if an employee wishes to add dependents, he or she must sign this form and fill out a separate Enrollment Application/Change of Information Form. If an employee wishes to cancel dependents, he or she must fill out a separate Member Cancellation of Coverage Form.

## Benefit plan \_\_\_\_\_

Employee name and signature

1. \_\_\_\_\_  
PRINTED NAME  
  
\_\_\_\_\_  
SIGNATURE
2. \_\_\_\_\_  
PRINTED NAME  
  
\_\_\_\_\_  
SIGNATURE
3. \_\_\_\_\_  
PRINTED NAME  
  
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4. \_\_\_\_\_  
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5. \_\_\_\_\_  
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6. \_\_\_\_\_  
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8. \_\_\_\_\_  
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9. \_\_\_\_\_  
PRINTED NAME  
  
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SIGNATURE
10. \_\_\_\_\_  
PRINTED NAME  
  
\_\_\_\_\_  
SIGNATURE

## Benefit plan \_\_\_\_\_

Employee name and signature

1. \_\_\_\_\_  
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