



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

Washington Small Group Renewal Decision Form

Return of this form is required by the 15th of the month before the renewal date. No response will result in inability to make eligibility and benefit plan changes. Please submit via 1 of the following methods:

Email: small.group.respond@kp.org

Fax: 1-877-237-5548

Mail: 500 NE Multnomah St., Portland OR 97232

Group Name: _____ Group Number: _____

Renewal Date: _____ Account Manager: _____ Phone: _____

Open Enrollment — Your open enrollment period is the month before your renewal effective date. This time period provides an opportunity to employees who previously declined coverage for themselves and/or their dependents to enroll. If you offer more than 1 medical plan, employees who would like to make a plan change among the plans you currently offer may do so at this time. We must receive notice of any new enrollments or plan changes by the end of the month before your renewal date.

Adult Dental Coverage — If you do not currently offer Kaiser Permanente Adult Dental coverage, it may be added at renewal. Dental plan options and rates for employers are included with this renewal.

MEDICAL BENEFITS/Renewal Choice

Number of plan offerings: 1 plan 2 plans 3 plans

	RENEWAL OFFERING	RENEW as offered	CHANGE to a new plan selection	NEW PLAN SELECTION	Vision	Alt Care	Both	HSA/HRA/FSA Selection(s)
First Plan		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Second Plan		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Third Plan		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Senior Advantage				Only 1 plan available				
Out-of-Area*		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*If not already in place, please speak with your account manager.

DENTAL BENEFITS (Adult only — age 19+)/Renewal Choice

Number of plan offerings: 1 plan 2 plans

Additional employee enrollment forms are required to **add** dental coverage. Please submit along with this form.

	RENEWAL OFFERING	RENEW as offered	CHANGE to a new plan selection	NEW PLAN SELECTION
First Plan (adult)		<input type="checkbox"/>	<input type="checkbox"/>	
Second Plan (adult)		<input type="checkbox"/>	<input type="checkbox"/>	

Group Name: _____ Group Number: _____

PEDIATRIC DENTAL COVERAGE

Pediatric dental benefits compliant with the Affordable Care Act (ACA) as part of an essential health benefits package are provided within your medical plan. If your group does not offer a Kaiser Permanente medical plan, you may select stand-alone ACA-compliant pediatric dental coverage as a complete offering for your employees and their dependents.

	PLAN SELECTION
Child Only Plan	

ELIGIBILITY AND CONTRIBUTIONS

Complete items 1 through 4.

1. Hourly requirement for benefits:

Weekly _____

2. Employer contribution:

Employee _____%/\$

Dependent _____%/\$

3. Domestic partner coverage (opposite sex):

No change Add Remove

4. Employee only plan (no dependents can enroll):

Yes No

LITERATURE REQUEST — Please allow 30 business days from date form submitted.

PDF of benefit summary — Email: _____

Packets with benefit summaries and enrollment forms — Qty: _____

Benefit summaries only — Qty: _____

Note: Enrolled employees will automatically be mailed a postcard with access to a benefit summary within their Evidence of Coverage (EOC) booklet after the renewal effective date.

Send packets/summaries to: Employer Broker

If packets are needed for a meeting by a specific date, please follow up with an email to your Account Management team.

CONFIRMATION AND BILLING

You will receive a Renewal Confirmation page reflecting your renewal decision. This will confirm your plan information and new rates. Please notify your account manager within 10 days after receipt of the confirmation if there are any discrepancies or corrections that need to be made.

Your new rates will be reflected on your invoice in the next available billing cycle after the change is processed in our system. Invoices are generated around the 10th of each month.

SIGNATURE

SIGNATURE OF EMPLOYER OR PRODUCER

DATE

TITLE (IF PRODUCER, LIST AGENCY)

EMPLOYER'S EMAIL ADDRESS