

For more information: California **800-893-2971**
Outside California **866-575-3562**

IMPORTANT INFORMATION

To ensure that you choose the correct option below, refer to the following descriptions. If you would like to add a secondary administrator, **do not use this form** – reach out to the primary administrator to grant you access

New Administrator: A group requesting access for the first time

Change Primary Administrator: A group that already has access to *Online Account Services* (previously known as *Customer Account Services (CAS)*) and would like to replace their current primary administrator

Note: To avoid delays, complete the required fields: Company name, Customer ID, and email.

New Administrator Change Primary Administrator

1 COMPANY BUSINESS INFORMATION

Company name*

Customer ID*	State/Region	Customer ID	State/Region
Customer ID	State/Region	Customer ID	State/Region
Customer ID	State/Region	Customer ID	State/Region

2 COMPANY PRIMARY ADMINISTRATOR INFORMATION

The Primary User ID is non-transferable. Kaiser Permanente must be notified of any changes to the primary user.

First name	MI	Last name	Company role	
Street address		City	State	ZIP
Phone () -	Ext.	Email*		
If third party, third party company name				

Please enter any 4 letter pin as your authentication code, and keep this code on your records for future reference. (If your password needs to be reset this code will help us authenticate the request.)

4 letter pin

*Required field.

3 COMPANY AUTHORIZED CONTRACT SIGNER INFORMATION

Kaiser Foundation Health Plan, Inc (KFHP) may provide Personal Health Information (PHI) only to those third parties who are identified by a group as its business associates. KFHP must receive written assurance from the group that a business associate agreement exists between the group and the third party and that the business associate agreement permits the business associate to receive requested PHI information from KFHP. By signing below, the group agrees that a business associate agreement exists, KFHP may disclose to the third party PHI as necessary to provide services for or on behalf of the group and the group will immediately inform KFHP when the business associate has been terminated.

Signature (required)	Title
X	
Name	Phone () -
	Date

4 PLEASE SEND ALL COMPLETED FORMS

Mail: 3840 Murphy Canyon Rd. San Diego, CA 92123
Email: CSC-SD-CAS-Web-Support@kp.org **Fax:** 858-614-3345