

For more information: California **800-893-2971, option 3**
Outside California **866-575-3562**

IMPORTANT INFORMATION

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

New Primary Administrator: A group requesting access for the first time. Email completed form to CSC-SD-CAS-Web-Support@kp.org. Note: this form is for active accounts only; submit this form when a group number has been assigned.

Change Primary Administrator: A group that already has access to *Online Account Services* and would like to replace their current primary administrator.

Note: This form is for online access only. To avoid processing delays, this form must be completed in its entirety.

New Primary Administrator Change Primary Administrator

1 COMPANY BUSINESS INFORMATION

Company name*		Group ID
Company name	State/Region	Group ID
Company name	State/Region	Group ID
Company name	State/Region	Group ID

*If you have multiple companies (in CA or out of state), or multiple group IDs, include all above.

2 COMPANY PRIMARY ADMINISTRATOR INFORMATION

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

First name	MI	Last name	Company role		
Street address		City	State	ZIP	
Phone () -	Ext.	Email			

If you're an authorized third-party for the group, indicate company name.

3 READ AND SIGN

I affirm I have the authority to contract on behalf of the employer for health care coverage. 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)

X

Printed name (required)	Phone () -	Date
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Email: CSC-SD-CAS-Web-Support@kp.org
Fax: 855-355-5334