

INSTRUCTIONS

For a no-obligation rate quote, complete the form below and email to kaiser.sbu.sales@kp.org. Please list all employees who are eligible for health care benefits.

COMPANY INFORMATION

Company name

Street address (no P.O. boxes)

City	State	ZIP	County
Office phone () -	Ext.	Fax () -	Federal tax ID (EIN) number

Email

Number of employees who are eligible for health coverage	Number of employees on payroll with withholdings
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BROKER INFORMATION

Agent name	Kaiser Permanente firm ID			
Office phone () -	Ext.	Fax () -	Cell phone () -	Email
Firm name	License #			
Street address	City	State	ZIP	

EMPLOYEE/DEPENDENT ELIGIBILITY INFORMATION*

Please list all employees who are eligible for health care benefits and dependents who will also be covered. Please use additional pages as needed (you may attach an Excel spreadsheet).

First name	MI	Last name	Date of birth (mm/dd/yyyy)	Home ZIP	County	Subscriber (S) or Dependent (D)

*All fields must be filled out completely to process this form.

CONTACT INFORMATION

For more information, please contact Kaiser Permanente at **800-789-4661**.