KAISER PERMANENTE®

Small Business

NEW EMPLOYEE ELIGIBILITY

IMPORTANT INFORMATION

Please complete this form to document eligible employees who are **NOT on the DE 9C** who:

- Were hired in the last 45 days.
- Can't show or provide 2 weeks of pay.

1 COMPANY INFORMATION

Company name	Group ID (if assigned)

2 EMPLOYEE INFORMATION

First name	MI	Last name	Start date (mm/dd/yyyy)	Hourly wage/ Salary	Social Security number (last 4 digits)

3 READ AND SIGN

I affirm that I have authority to contract with Kaiser Foundation Health Plan, Inc., and Kaiser Permanente Insurance Company on behalf of the group. I attest that the employees listed above are permanent, eligible employees working at least 20 hours per week. I understand that this information may be subject to verification and agree to provide Kaiser Permanente with any information necessary to do so.

Authorized company signer (please print name)	Company title (please print)
Signature X	Date