

## CUSTOMER ADDRESS OR NAME CHANGE REQUEST

one	Group ID			Federal tax ID (EIN) number (only if newly issued)			
Phone Fax number ( ) –				Website			
Check here if your phone, fax, or website h	nas changed (at the	company lev	/el).				
OMPANY NAME CHANGE							
w company name							
vious company name							
	E						
Check here if all addresses are the same							
w physical street address (California address, n chased address)	o P.O. box or	City		State	ZIP	County	
iling address (where company's group agreeme ormation will be mailed)	ent and renewal	City		State	ZIP	County	
Billing address (where billing statement will be mailed). If you're enrolled in paperless billing, log into <b>account.kp.org</b> to manage your email or payer profile.		City		State	ZIP		
COBRA billing address		City		State	ZIP		
ate change occurs upon renewal only.							
EAD AND SIGN							
	Kaiser Foundation H	ealth Plan. Inc.	, and Kais	ser Permanen	te Insurance	Company on behalf of the group	
Name (please print)				Company title (please print)			
Signature X				Date			
	DMPANY ADDRESS CHANGE Check here if all addresses are the same of physical street address (California address, no chased address)  ling address (where company's group agreement rmation will be mailed)  Ing address (where billing statement will be mailed)  Ing address (where billing, log into account.kp. ail or payer profile.  BRA billing address  Interchange occurs upon renewal only.  EAD AND SIGN  firm that I have authority to contract with kene (please print)	DMPANY ADDRESS CHANGE  Check here if all addresses are the same  v physical street address (California address, no P.O. box or chased address)  ling address (where company's group agreement and renewal rmation will be mailed)  ing address (where billing statement will be mailed). If you're bolled in paperless billing, log into account.kp.org to manage your ail or payer profile.  BRA billing address  ate change occurs upon renewal only.  EAD AND SIGN  firm that I have authority to contract with Kaiser Foundation Here (please print)	Check here if all addresses are the same  Very physical street address (California address, no P.O. box or chased address)  Unique address (where company's group agreement and renewal remailed)  Ing address (where billing statement will be mailed). If you're polled in paperless billing, log into account.kp.org to manage your ail or payer profile.  BRA billing address  City  C	Check here if all addresses are the same  Very physical street address (California address, no P.O. box or Chased address)  Iling address (where company's group agreement and renewal rmation will be mailed)  Ing address (where billing statement will be mailed). If you're contract with paperless billing, log into account.kp.org to manage your ail or payer profile.  BRA billing address  City  Ci	Check here if all addresses are the same  In physical street address (California address, no P.O. box or chased address)  Iling address (where company's group agreement and renewal rmation will be mailed)  Ing address (where billing statement will be mailed). If you're company's group agreement and renewal rmation will be mailed)  Ing address (where billing, log into account.kp.org to manage your ail or payer profile.  In paperless billing, log into account.kp.org to manage your ail or payer profile.  In paperless billing address  In paperless billing address billing address  In paperless billing address billing address  In paperless billing address bill	Avious company name  Avious co	

## **5 CONTACT INFORMATION**

Email completed form to amt@kp.org or fax form to 800-369-8010.

If you have any questions please call our Small Business Account Management Support Team at: 800-790-4661, option 3 or your broker.