

INSTRUCTIONS

New Group: Return this form, along with your Employer Application, to your Kaiser Permanente sales representative and/or broker.

Existing Group: You can make future payments by logging into your account online at **business.kp.org**, or email this form to **csc-sd-sba@kp.org** or fax to **855-355-5334**. If you need further assistance, call us at **800-731-4661**.

Note: Kaiser Permanente doesn't accept credit card payments for small group coverage.

COMPANY INFORMATION

Company name		Group ID (if assigned)
Phone (###-###-####)	Ext.	Email

AUTHORIZATION

I authorize Kaiser Permanente to withdraw the amount due, based on the final enrollment, from the account below:

Bank routing number (9 digits)	Bank account number
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INITIAL PAY

One-time withdrawal for first month's payment based on Your Total Premium.

This account information will be securely saved for the convenience of making future payments. You may make changes to this information by logging into your account online at **business.kp.org**. If you need further assistance, call us at **800-731-4661**.

RECURRING PAYMENT

Check box only if you would like recurring payments.

☐ **Future autopay/recurring payment***

Withdraw statement balance 4 days prior to due date (other options are available at **account.kp.org** once your account is set-up).

*If selecting autopay, the first payment will be based on the first billing statement which can be as much as 2 months, due to billing cycles. If this payment is returned unpaid, I authorize Kaiser Permanente to resubmit the payment and charge this account an additional insufficient funds fee for the maximum amount allowed by the state as a result of a returned check.

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.

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

Confidentiality note: This information is intended only for the use of the individual or entity named above. If you're not the intended recipient, you're hereby notified that any disclosure, copying, distribution, or use of the information in the transmission is strictly prohibited. If you've received this transmission in error, notify the sender immediately by telephone or by return fax and destroy this transmission, along with any attachments.