KAISER PERMANENTE®

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest.
500 NE Multnomah St., Suite 100, Portland, OR 97232.

Employee Census Form Oregon

A. GROUP INFORMATION

Company name _____

Address _____

City, state, ZIP _____

Current carrier _____

Current producer _____

Proposed effective date _____

Company contact _____

Email _____

Phone _____ Fax _____

Contact us

Phone: 1-800-813-2630 or 503-813-2630, ext. 2

Fax: 503-813-4426

Mail: Kaiser Foundation Health Plan
of the Northwest
500 NE Multnomah St., Suite 100
Portland, OR 97232

Email: nw.small.business@kp.org

B. EMPLOYEE CENSUS INFORMATION

Please list all current employees on your payroll. Indicate each employee's eligibility for coverage, including those employees waiving coverage. If married employees plan to enroll separately, please list them separately, and indicate how many children each employee intends to enroll as dependents.

If the enrollment code selected is 03 or 04, you must indicate the ages of all dependent children. If not, we will assume two children ages 10 and 20, and the rates may be incorrect. If the enrollment code selected is 02 or 03, you must indicate the age and gender of the spouse or domestic partner. If not, we will assume the spouse's age is the same as the employee and gender is opposite, and the rates may be incorrect. **We will re-rate new groups based on actual enrollment and adjust the rates accordingly.**

Note: "Current employee" includes owners, sole proprietors, partners of a partnership, or independent contractors if an employer/employee relationship exists and employee is reported on payroll as receiving a wage or commission. Employees who work on a seasonal, temporary, or substitute basis are not eligible and should not be included in the census.

Employee name	Date of birth MM/DD/YY	Gender	Hours per week	Hire date	Eligible for coverage	Employee ZIP code	Enrollment code (see key)	Spouse or domestic partner		Ages of all dependents
								DOB	Gender	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

Enrollment code key

Family enrollment status

- **01** Employee only
- **02** Employee + spouse
- **03** Employee + spouse + child(ren)
- **04** Employee + child(ren)

Other status

- **G** Waiving due to other comparable coverage
- **NP** Has not served waiting period
- **NH** Not enough hours to qualify for coverage/class not eligible
- **W** Waiving to no other coverage

As the authorized group representative, I confirm that the above information is correct. I understand and agree that Kaiser Foundation Health Plan of the Northwest reserves the right to deny enrollment to the entire group if the group enrollment criteria stated in the rate and underwriting assumptions are not met.

Signature of authorized representative _____

Title _____ Date _____