

GROUP CENSUS INFORMATION



GROUP INFORMATION - This section is completed by the employer when group is sold

Will Kaiser Permanente be the only medical insurance offered? Yes _____ No _____ If not, what other company _____

SIGNATURE REQUIRED - Completed by the employer when group is sold

I hereby certify that I have read this document and that the information provided BELOW is both complete and accurate. I also certify that business records maintained by our company can substantiate the information provided. Upon request, we do agree to provide any additional documents requested by Kaiser Permanente that establishes all requirements, including eligibility and participation. I understand that omissions, misrepresentations, or misstatements could result in claim denial, or termination of our group policy.

Signature of Owner or Group Administrator _____ Date _____

Employee/Member Information - To be completed for a Request to Quote and updated for New Group Submission

Instructions for Completion

All active employees of the business (**regardless of their eligibility status**) requesting a quote are to be included in the census below. This includes employees that work outside the State of Colorado, Part-time, and Seasonal (that have worked for more than 120 days during the tax year).

REQUIRED FIELDS FOR EMPLOYEES THAT ARE NOT ELIGIBLE: Last Name, First Name, Date of Hire, Hours Worked per Week, Eligible.

Home Zip Code is required for all employees to determine Service Area.

Effective Date _____ SIC Code _____ FEIN _____

Business Name _____

Primary Business street address _____ City _____ County _____ Zip Code _____

RELATIONSHIP CODES

- E= Employee
- S = Spouse
- D = Dependent
- O = Owner or Partner
- OS = Spouse of Owner or Partner

STATUS CODES

- CO = COBRA
- WA = Employee Waiving
- MC = Enrolled in Medicare

- TD = Totally Disabled
- NE = New Employee Not Eligible Yet
- XX = Termed or No Longer Employed

ADDITIONAL GROUP INFORMATION TO BE COMPLETED

Number of Full-time Equivalent employees (Status O, OS, and CO enrollees are not included)

 Total number of active employees

***Rating area is determined by the County of the Primary Business Location.**

ID	Member Last Name	Member First Name	Date of Birth mm/dd/yyyy	Age at Effective Date	Relationship Code	Hours worked per week	Eligible highlight	Status Code	Home Zip Code	Med Plan Employee & Family is Enrolling	Date of Hire
1							YES NO				
2							YES NO				
3							YES NO				
4							YES NO				
5							YES NO				
6							YES NO				
7							YES NO				

ID	Member Last Name	Member First Name	Date of Birth mm/dd/yyyy	Age at Effective Date	Relationship Code	Hours worked per week	Eligible highlight	Status Code	Home Zip Code	Med Plan Employee & Family is Enrolling	Date of Hire
8							YES NO				
9							YES NO				
10							YES NO				
11							YES NO				
12							YES NO				
13							YES NO				
14							YES NO				
15							YES NO				
16							YES NO				
17							YES NO				
18							YES NO				
19							YES NO				
20							YES NO				
21							YES NO				
22							YES NO				
23							YES NO				
24							YES NO				
25							YES NO				
26							YES NO				
27							YES NO				
28							YES NO				
29							YES NO				
30							YES NO				
31							YES NO				
32							YES NO				
33							YES NO				
34							YES NO				
35							YES NO				
36							YES NO				

ID	Member Last Name	Member First Name	Date of Birth mm/dd/yyyy	Age at Effective Date	Relationship Code	Hours worked per week	Eligible highlight	Status Code	Home Zip Code	Med Plan Employee & Family is Enrolling	Date of Hire
37							YES NO				
38							YES NO				
39							YES NO				
40							YES NO				
41							YES NO				
42							YES NO				
43							YES NO				
44							YES NO				
45							YES NO				
46							YES NO				
47							YES NO				
48							YES NO				
49							YES NO				
50							YES NO				
51							YES NO				
52							YES NO				
53							YES NO				
54							YES NO				
55							YES NO				
56							YES NO				
57							YES NO				
58							YES NO				
59							YES NO				
60							YES NO				
61							YES NO				
62							YES NO				
63							YES NO				
64							YES NO				
65							YES NO				