KAISER PERMANENTE®

Small Business

PAYROLL ATTESTATION
For unemancipated minors

IMPORTANT INFORMATION

Please complete this form if you're a group with enrolling non-emancipated minors. Only list the non-emancipated minor(s) below.

Kaiser Permanente reserves the right to request additional documentation.

1 COMPANY INFORMATION

Company name

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. I will provide the company's first 30 days complete payroll records for all employees within 45 days of the effective date. I understand that Kaiser Permanente reserves the right to not renew coverage for my group if it doesn't meet Kaiser Permanente criteria as outlined in the *Group Agreement* and/or *Group Contract*.

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