KAISER PERMANENTE®

Small Business

SUBSCRIBER TERMINATION, TRANSFER, AND REINSTATEMENT

IMPORTANT INFORMATION

Use this form for customers to request subscriber terminations, transfers, and/or reinstatements from one subgroup ID to another under the same group ID and region.

1. Subscriber terminations, transfers, and/or reinstatements may only be requested by staff authorized by the customer to change membership records.
2. This form **can't** be used for new subscriber enrollments or dependent additions/terminations. New subscriber enrollments and dependent changes require an Employee Enrollment or Employee/Dependent Change form be completed and signed by the subscriber.
3. Refer to your contract for your specific retroactivity policy.

This form isn't required if termination is submitted through **account.kp.org**.

1 COMPANY INFORMATION

Company name	Group ID/Subgroup ID
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2 TERMINATION REQUEST(S)

Termination effective dates: When a member is no longer eligible for coverage, membership terminates on the last day of that month at 11:59 p.m. For example, a member who terminates employment on December 2 will be covered until December 31 at 11:59 p.m. Pacific time. On this form, you'll enter the "Termination effective date" as January 1 because the termination effective date will be the first minute after the member's coverage ended on December 31 at 11:59 p.m.

Subscriber(s) name	Social Security number	Termination effective date *(#3)*	Termination reason

3 TRANSFER REQUEST(S)

Note: Transfers can only be made for open enrollment plan changes.

Subscriber(s) name	Social Security number	Transfer effective date *(#3)*	Indicate new subgroup ID/plan

4 REINSTATEMENT REQUEST(S)

Note: Reinstatement will be with no lapse in coverage *(#3)*.

Subscriber(s)/Dependent(s) name	Social Security number	Effective date *(#3)*	Reinstatement reason

5 CONTACT INFORMATION

Email completed form to our California Service Center-San Diego-Small Business Accounts: **csc-sd-sba@kp.org**, as a pdf attachment or fax: **855-355-5334.**

Don't mail this form with your payment. Retain a copy for your records.