KP VALUE AND HEALTH INSURANCE 101 CHAPTER 4 –Small Group Enrollment Tips.

FINAL "As Shot" SCRIPT - WITH VISUALS

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Est. TRT: 4:30

Date: DECEMBER 17, 2015

| | GRAPHICS | AUDIO |
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| | | Presenter Deborah Clark |
| 1. | On-camera w/title | Hi, I'm Deborah Clark, District Sales Manager at Kaiser Permanente. I'm here to offer some enrollment tips to help you with the underwriting process. |
| 2. | Text: Now what? | You got the sale. Congratulations! So now what? |
| 3. | Montage of screens TEXT: account.kp.org | We've got you covered, with tools to support your small group enrollment. For your convenience, we have: Underwriting guidelines An enrollment checklist and all of the forms you'll need. |

New Group Enrollment

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| 4. | On-Camera Text: Business established for at least 6 weeks Company has at least 1 an d no more than 100 employees nationwide | First, you want to make sure the group meets the most basic small group underwriting criteria. These are: -The business has been established for at least 6 weeks. -The company has at least 1 and no more than 100 employees nationwide. |
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| 5. | <section-header></section-header> | Once you've confirmed that your client meets these two criteria, the next step is to complete a New Group Application. All the questions on the New Group Application must be completed. If you have any difficulty completing this form, please call us for help. |

| 6. | DE9C Quarterly Wage Report (pdf) | Step 3, Obtain the DE-9C form or quarterly wage report for all companies. For companies that have been in business for less than 6 months, payroll records may be used instead. |
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| 7. | DUE 07/01/2014 DEVENDMENTION DEVEN | Step 4 is Reconciling the DE-9C. This is critical because we use this form to validate the employee/employer relationship. Using the legend reflected on the sample DE-9C, the status of each employee must be marked next to their name. |

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| 8. | Employee Enrollment Forms | |
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| | Animate Circle areas | Step 5 is completing the employee |
| | Small Business KAISER PERMANENTE. EMPLOYEE ENROLLMENT | enrollment form. Three important |
| | See instructions on page 1 before completing this form. Make a copy for your records. | notes about this document: one – |
| | A TO BE COMPLETED BY EMPLOYER D New group account Existing account Computy name Customer D (f assigned) Data of coverage to be effective | each enrolling employee needs to fill |
| | Plan selection Employee classification (# applicable) | |
| | Emoloyee name | one out. Two, the employee should |
| | Enrollment reason (Please check one.) | list themselves and the dependents |
| | Part-time to full-time / / Loss of coverage / / Other: Event date / / | • |
| | If you have an existing account, please fax this form to 858-614-3345 (SCAL), 858-614-3344 (NCAL), or email csc-sd-sba@kp.org. | who are being enrolled. And three, |
| | B TO BE COMPLETED BY EMPLOYEE Have you over been a member of, or received care from. Keiser Permanente in California? | due to HIPAA and privacy laws, a |
| | Have you ever been a member or, or recoved care from, kaser remnanente in caronnar Dites Ditko If so, under what medical record number (if known) Former/Maiden name | · · · |
| | Name (Last, First, M) Social Security number Preferred language (optional) | phone number other than the |
| | Home address (no P.O. boxes) | employee's business number needs |
| | City State ZP County | |
| | Date of birth Gender Home phone Office phone | to be provided. Home or cell numbers |
| | / / D M D F () - () - | are fine. |
| | by pare response, or a brand a space and environment parked T-yes have experienced a bragging event. Such and environment share and environment of the parent of the parent | |
| 9. | A WAR POWMENT. DECLINATION OF COVERAGE Training and the set of the | Step 5, the Declination form must be provided for all eligible employees |
| | Name and No. No. 1. Anno 2004 and 2. Second constraint in North Park and No. 2. Second constraint in North Johan and Includentian Installant Statis. Sci Sciences 4. Mon. 2004 (2014) 104 (2014) 2014. | who decline to enroll. The exception |
| | | to this is if the company is offering |
| | Intern 47 January 17 august | |
| | for any 3 of the second s | another carrier alongside Kaiser |
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| | | Permanente and the employee is |
| | BLADN FOR DECLARAS | electing to go with them. |
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| 10. | On-camera Text: Kaiser Permanente requires 70% participation On-camera | It's important that employees accurately report their reason for declining coverage. Kaiser Permanente requires that 70% of eligible employees need to be covered by a group health plan. But unlike many other carriers, we count employees with valid waivers, for example if they're covered by another carrier, toward that 70% threshold. So it's very important all employees answer the questions on this form accurately. |
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| 11. | Initial Premium Payment Animate cicle sections | The final step is to collect the first month's premium payment. Businesses can write a check or they can set up an electronic funds transfer. An EFT will allow Kaiser to withdraw the money directly from their account 5-7 business days after they they receive their welcome letter. |
| 12. | On camera Montage of screens | We hope this video helps to facilitate a smooth enrollment process - for you and your client. We encourage you to visit the broker area of our site to familiarize yourself with all the resources we've shown you. |

| 13. | account.kp.org 1-800-789-4661 option 4 On camera | If you have questions during the underwriting process, please don't hesitate to contact your Sales Executive. If you haven't engaged with your dedicated sales executive, call us and we'll be happy to connect you to your sales partner. Thanks for watchingAnd thank you for choosing Kaiser Permanente. |
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| 14. | | |
| 15. | © 2015 Kaiser Permanente. All rights reserved. | |

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