

Washington Custom Online Enrollment Application Certification Checklist

The Washington Office of the Insurance Commissioner (OIC) requires screenshots of all customized online enrollment applications be filed. Without these screenshots, we are unable to file your group contract with the state of Washington. All fully insured health plans issued in the state of Washington are subject to this requirement. **If an online application does not meet all requirements or is not submitted in a timely manner, coverage may not go into effect.**

Groups using a custom enrollment system are responsible for making sure that the system meets the OIC's requirements. Kaiser Foundation Health Plan of the Northwest is responsible for collecting and filing the screenshots of the member experience when using the system for plans it issues. To help groups meet the State of Washington's requirements, we've put together this checklist. ***A compliant custom enrollment application form should be provided at the time of or before confirmation of the renewal.***

If you have additional questions regarding the requirements, please reference the applicable regulations (RCW 48.44.040, RCW 48.44.020, WAC 284-43-6020 (12), WAC 284-44A-010 (4)(a), WAC 284-44A-040, WAC 284-44A-050).

Note: Kaiser Permanente cannot alter a client's custom enrollment form in any way. This includes but is not limited to redactions, minor editing, adding a form number, and saving as a PDF.

The online enrollment application meets the Washington state OIC requirements, if the following are met:

Annual Renewal Information

- ☐ If any of the following items are listed, they must be annually update for filing: plan year dates, premiums or rates, plan names and/or deductibles.

Anonymization of Personal Information

- ☐ Forms have been reproduced in a John Doe Fashion for the purpose of retention as public record. Personal information cannot be included.

Complete Enrollment Process Demonstrated

- ☐ Screenshots of the **complete web-based process** demonstrating each step of the enrollee's enrollment experience must be provided. Screenshots must include the benefit confirmation and final summary pages if both are part of the enrollment process (medical and dental enrollment only; ancillary not required). These must show enrollment into Kaiser Permanente's plan(s).
- ☐ If benefit election section includes medical and dental combined as ONE plan, then screenshots must show this. Screenshots of dental insured by any other carrier besides Kaiser, are not needed if it is offered in a section separate from medical.

Font Size

- ☐ The font size is **10 pt.** or greater.

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Form Number

- ☐ Unique form number is included on the bottom left-hand corner at least the first page. The form number must be updated annually, we suggest including the year in the form number.
For example: XYZCompanyEnr2025

Logo and/or Name

- ☐ If logos are included, the logo and name of Kaiser Permanente on the form is larger than that of the Producer (Agent/Broker).

PDF Format

- ☐ Screenshots are provided in a single PDF document.

Using Legal Licensure

- ☐ Issuers are identified correctly by licensure (Insurer, HCSC).
Kaiser Foundation Health Plan of the Northwest is licensed as a Health Care Service Contractor in Washington.
 - Kaiser Permanente NW is not referred to as an HMO.
 - Kaiser Permanente NW's products/plans are not referred to as HMO products/plans.
- ☐ Additional language must be in parenthesis at the end, if within the same line as the legal name (example TRAD or PPO).

METHOD #1 – Using the Compliant Resource Hyperlink provided to meet WA OIC requirements:

Contradicting Information

- ☐ Information in the custom enrollment form cannot contradict the information in the compliant resource link.

Compliant Resource Hyperlink

- ☐ A **prominent** hyperlink within the mandatory flow to the page that meets the WA OIC requirements is provided within custom enrollment form. Link must be no more than 2 clicks to launch pdf.

The resource is a single page document that provides the required name and address of Kaiser Foundation Health Plan of the Northwest home office, fraud statement, dependent age and domestic partner information and producer nomenclature. It can be used to meet the State of Washington's requirements when provided within the custom enrollment form. The link should have prominence that sets it off from other information and uses attributes such as bold, larger font, different color, etc. so that is obvious to the enrollee. **Since these are the Washington State OIC regulations, verbiage cannot reference Kaiser or Arbitration.**

Suggested OIC Language:

Washington Enrollees

[Click here for Important Office of the Insurance Commissioner \(OIC\) information for Washington State Residents](#)

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OR

Washington Enrollees

[Click here for Important WA Notices](#)

The above sentence can be a hyperlink to the external Kaiser Washington site which contains the same resource

Here's the hyperlink to Kaiser Northwest site which contains the Compliant Resource:

https://healthy.kaiserpermanente.org/static/health/en-us/pdfs/nw/KP_NW_LBG_WA_Custom_Enrollment_Requirements_for_KPNW.pdf

- ☐ Please also provide a screenshot of the full compliant resource hyperlinked page.

METHOD #2: Compliant form without using the Compliant Resource Hyperlink provided

– The online enrollment application meets the State of Washington's requirements, if the following are met:

Dependent Age

- ☐ Dependent age language is included. Language does not need to be verbatim.
"Dependent children, if covered, are covered through the age of 25 regardless of marital status, student status, or eligibility for coverage under another plan."

Domestic Partner

- ☐ Domestic partner language is included. Language does not need to be verbatim.
*"Washington State Registered Domestic Partners are treated the same as a spouse."
"If children of the primary insured are covered, children of Domestic Partners are covered on the same basis."*

Fraud Statement

- ☐ Washington's specific fraud statement language is included verbatim:
"It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."

Licensed Name and Address of Issuer

- ☐ Issuer is listed with its full name and address or location of its home office.
Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St., Suite 100
Portland, OR 97232-2023

Producers

- ☐ Forms use the term "Producer" rather than "Agent" or "Broker" if they are listed.