



02: Generate New Self Service Group Enrollment (MAS)

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Overview

This document will guide you in generating an online New Group Enrollment beginning from the Broker Self Service Portal.

Note: Screen captures used in this document are for example only. Your screens may appear slightly different depending on selections you have made during the enrollment process.

Audience: Brokers

Time to Complete: 20 Min

Line of Business: Small Group

Region: MAS

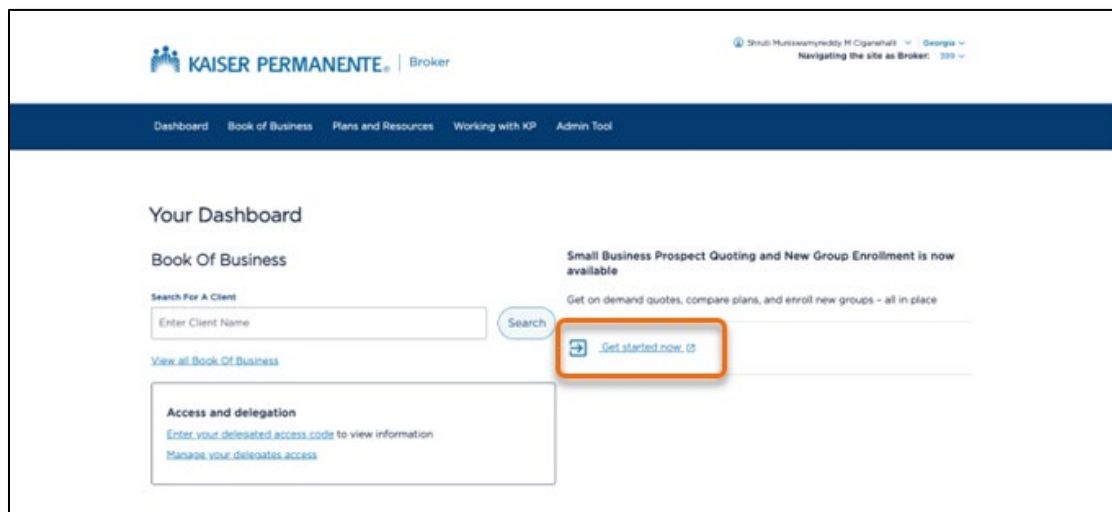
Sales Connect Version: Release 16.6

Where to Locate the Broker Self-Service Tools

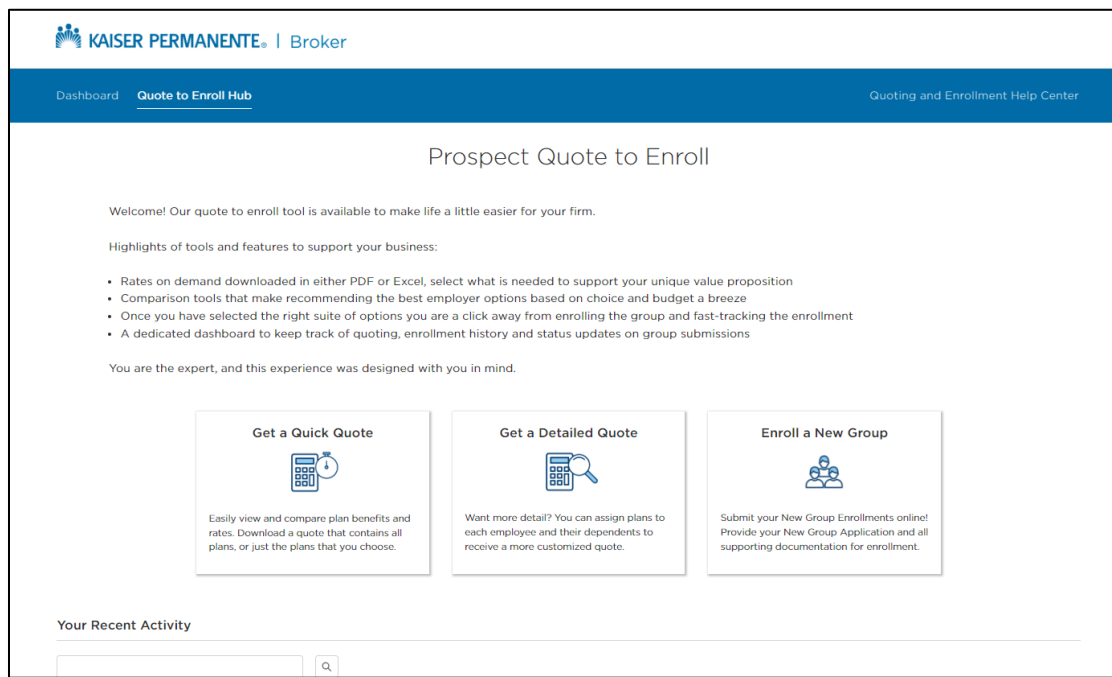
The broker self-service tools are accessed from the 'Prospect Quote to Enroll' page in your account.kp.org Dashboard. To get there, follow these steps:

1. Login to account.kp.org.
2. Go to your **Dashboard**.
3. Click the **Get started now** link.

Note: If you are not currently registered for these self-service tools, you will be directed to complete a short registration form for access. Kaiser Permanente will complete your request within 24 business hours.



4. The **Prospect Quote to Enroll** page opens.



Self-Service for New Group Enrollment

Begin New Group Enrollment

Submit your new group application with supporting documents online and then monitor the progress in real time.

Note: New Group Enrollment is not available for 'On Exchange' quotes. For these groups, please email mas-small-group-new-business@kp.org for help.

There are three ways to begin the new group enrollment process:

If you have not previously completed a quote for the group

1. Begin on the **Prospect Quote to Enroll** page.
2. Click **Enroll a New Group** to initiate the enrollment process.

KAISER PERMANENTE | Broker

Dashboard **Quote to Enroll Hub** Quoting and Enrollment Help Center

Prospect Quote to Enroll

Welcome! Our quote to enroll tool is available to make life a little easier for your firm.

Highlights of tools and features to support your business:

- Rates on demand downloaded in either PDF or Excel, select what is needed to support your unique value proposition
- Comparison tools that make recommending the best employer options based on choice and budget a breeze
- Once you have selected the right suite of options you are a click away from enrolling the group and fast-tracking the enrollment
- A dedicated dashboard to keep track of quoting, enrollment history and status updates on group submissions

You are the expert, and this experience was designed with you in mind.

Get a Quick Quote

Easily view and compare plan benefits and rates. Download a quote that contains all plans, or just the plans that you choose.

Get a Detailed Quote

Want more detail? You can assign plans to each employee and their dependents to receive a more customized quote.

Enroll a New Group

Submit your New Group Enrollments online! Provide your New Group Application and all supporting documentation for enrollment.

Your Recent Activity

Search by company name

Company Name	Transaction Type	Status	Quote Id	Date Created	Effective Date	Actions
MAS NGE Demo	Enrollment	In Progress	00032191	12/01/2023	01/01/2024	<button>Resume Quote</button> <input type="button" value="Enter"/>

If you have previously completed a quote for the group

1. Begin on the **Prospect Quote to Enroll** page.
2. Locate the quote under **Your Recent Activity**.
3. Open the **Actions** drop down, and select **Convert to Buy** to convert your quote to a New Group Enrollment.
4. Click **Enter**.

Get a Quick Quote
Easily view and compare plan benefits and rates. Download a quote that contains all plans, or just the plans that you choose.

Get a Detailed Quote
Want more detail? You can assign plans to each employee and their dependents to receive a more customized quote.

Enroll a New Group
Submit your New Group Enrollments online! Provide your New Group Application and all supporting documentation for enrollment.

Your Recent Activity

Search by company name

Company Name	Transaction Type	Status	Quote Id	Date Created	Effective Date	Actions
MAS NGE Demo	Enrollment	In Progress	00032191	12/01/2023	01/01/2024	Resume Quote Enter
MAS OFF Exchange view dental	Quick Quote	Completed	00032177	11/30/2023	01/01/2024	Select Action Enter Resume Quote Convert to Buy Requote

Convert a quote to a New Group Enrollment at the end of the quoting process

1. When you get to the **Quote Summary** or **Detailed Quote** page, scroll to the bottom.
2. Click **Enroll Group**.

Virtual Forward

	Employee Tier	Employee + Spouse Tier	Employee + Children Tier	Employee + Family Tier	*Total Monthly Employer Premium
Number of employees at the rate:	2 employees	2 employees	1 employee	2 employees	
<input type="checkbox"/> KP MD Silver Virtual Forward 3000 (Signature)	\$441.59	\$883.18	\$861.10	\$1,302.69	\$6,116.07

[Download Select Plans Quote \(.pdf\)](#) [Compare Plans](#)

What would you like to do next?

- Enroll Group
- Requote this group

Once you have initiated the New Group Enrollment, you will complete a series of screens, starting with 'Group Details.'

Group Details

Use the Group Details screen to enter the effective date and employer details.

1. Complete or validate the fields in the 'Group Details' screen (* indicates a required field).

Effective Dates: Effective dates are available for the 1st and 15th of the month.

Policy #: If you select 'yes, my company has worker's compensation' but don't know the policy #, you can enter 'Unknown' or 'Pending' in the field.

The screenshot shows the 'Group Details' form with the following fields and values:

- REGION OF THE EMPLOYER YOU ARE QUOTING OR ENROLLING:** Mid-Atlantic States
- *REQUESTED EFFECTIVE DATE:** Dec 01 2023
- Plans and rates are based on the proposed effective date.**
- About your business**
 - *LEGAL BUSINESS NAME:** MAS NGE Demo
 - (as stated on your local business license, quarterly wage and tax report, corporate or partnership documents)**
 - DOING BUSINESS AS (DBA) (OPTIONAL):**
 - *PHYSICAL STREET ADDRESS (NO P.O. BOXES):** 123 Main St
 - *CITY:** Annapolis
 - *STATE:** MD
 - *ZIP:** 21401
 - *COUNTY:** Anne Arundel
 - For assistance with an On exchange New group Enrollment, please contact: mas-small-group-new-business@kp.org**
 - *PHONE:** (123) 456-7890
 - BUSINESS WEBSITE:**
 - *TYPE OF BUSINESS:** Corporation
 - *IN BUSINESS SINCE (MM-DD-YYYY):** 10-30-2012
 - *FEDERAL TAX ID (EIN) NUMBER:** 123456789
 - *6-DIGIT NAICS CODE:** 999999
 - Visit naics.com/search to determine your code.**
- Workers' compensation**
 - * All employees must be covered by workers' compensation, unless not required to be covered by law. You're not eligible to apply for coverage if you don't have workers' compensation, unless you're exempt. I attest that the following information is correct.**
 - ☐ Yes, my company has workers' compensation
 - ☒ Pending
 - ☐ Exempt from providing workers' compensation
 - * IF YES OR PENDING, NAME OF CARRIER:** Aetna
 - * POLICY # (INDICATE UNKNOWN OR PENDING AS APPLICABLE):** PENDING

At the bottom, there are 'Cancel', 'Save for later', and 'Next' buttons.

2. Click **Next** to continue.

Note: Enrollments will not appear in 'Your Recent Activity' until after you have clicked 'Next' on this page.

Group Eligibility

Enter information about the group's eligibility.

1. Complete all required fields (*indicates a required field).

Group Eligibility

* Indicates required field

Other medical coverage

* Does your company or affiliated company(ies) have or has it ever had group coverage directly through Kaiser Permanente? If Yes, please provide the group number and company name.

☐ Yes ☒ No

* Does your company currently have active group health coverage?

☐ Yes ☒ No

Employer eligibility

In determining the number of employees or eligible employees, affiliated companies that are eligible to file a combined tax return for purposes of state taxation shall be considered 1 employer.

* Is your company affiliated with another company and eligible to file a combined tax return?

☐ Yes ☒ No

Employee count

Please provide the total number of employees nationwide (full-time and part-time).

* TOTAL

Eligible and enrolling employees

* TOTAL NUMBER OF ELIGIBLE EMPLOYEES

* TOTAL NUMBER OF ENROLLING EMPLOYEES

* HOURS PER WEEK EMPLOYEES MUST WORK TO BE ELIGIBLE FOR COVERAGE

* Are you offering dependent coverage?

☒ Yes ☐ No

2. From this point on during the enrollment process, you may click **Save for later** if you need to step away. Refer to [Save, Edit or Cancel the Enrollment](#) later in this document for details.

Are you subject to TEFRA?

☒ Yes ☐ No

If your company employed 20 or more full-time and/or part-time employees for each working date for 20 or more calendar weeks in the current calendar year or preceding calendar year, your group is subject to this federal law.

Cancel **Save for later** Previous Next

3. Click **Next** to continue to the 'Contacts' screen.

Contacts

Enter information about the group's contacts.

1. Enter the 'Contract Signer' information. This is the person responsible for signing the application and authorized to make contractual changes to the account. (* indicates a required field).

Contacts

* Indicates required field

Contract Signer Information

There's only 1 contract signer. This principal person is responsible for signing this application, providing renewal information, and authorized to make membership or contractual changes to your account. This address will become the group mailing address, if different from the business physical address

*FIRST NAME	MIDDLE INITIAL	*LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

TITLE

*MAILING ADDRESS

*CITY	*STATE	*ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

*OFFICE PHONE	EXTENSION	FAX
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Enter the 'Billing Contact', or select an appropriate checkbox if the billing contact is "same as contract signer" or "TPA".
3. Click **Next**.

Billing Contact/Third-Party Administrator (TPA) Contact

The billing contact is the person within your company to whom billing statements are addressed. This person will have access to group information. Only 1 billing contact is allowed. The Third Party Administrator (TPA) contact is an external person, company, or broker that is contracted for the purpose of administering the group's billing and enrollment or solely administering your Federal COBRA benefits. This person will have access to group information.

☐ Check here if same as the contract signer

☐ Check here if TPA

*FIRST NAME	MIDDLE INITIAL	*LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

TITLE

*MAILING ADDRESS

*CITY	*STATE	*ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

*OFFICE PHONE	EXTENSION
<input type="text"/>	<input type="text"/>

CELL PHONE	*EMAIL
<input type="text"/>	<input type="text"/>

[Cancel](#) [Save for later](#) [Previous](#) [Next](#)

Confirm Agent of Record

1. Complete the Agent/Broker details.
2. Select the check box if you DO NOT authorize **General Agent** access.
3. Click **Next**.

Confirm Agent of Record

*Indicates required field

*AGENT/BROKER FIRST NAME	*AGENT/BROKER LAST NAME	
<input type="text"/>	<input type="text"/>	
*PREFERRED PHONE	EXT	*EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>
*FIRM NAME	NATIONAL PRODUCER NUMBER NPN	*KAISER PERMANENTE BROKER FIRM ID
<input type="text"/>	<input type="text"/>	<input type="text"/>

General Agent Access

Your agent/broker may work with a General Agent (GA) to service your organization, which is a different firm from your agent/broker. The same agent/broker access to your group specific information and change permission will be granted to a designated General Agent unless you choose not to authorize access.

Do not check the box below if you consent.

☐ Check this box ONLY if you DO NOT authorize a GA to access your group specific information, service your organization, change group information, or act on your behalf.

[Cancel](#) [Save for later](#) [Previous](#) [Next](#)

Add Employees

Use the 'Add Employees' screen to add employees and their dependents. There are two preferred methods for entering this information- upload via the census template, or manual entry. These two methods help reduce the number of errors.

Note: You will upload a completed Kaiser Employee Enrollment Ledger (KEEL) or Employee Enrollment Form near the end of this enrollment process, during the 'Required Documents' screen.

Note: If you began the New Group Enrollment using "convert to buy", the census data will pre-populate from your quote. Verify all employee/dependent data before proceeding to the next enrollment screen.

To upload employees and dependents using the Census Template

1. Click **Download census template**.

Add Employees

EMPLOYEES	DEPENDENTS	TOTAL
0	0	0

To begin adding employees, select one of the buttons below.

Upload Census

Import a census by clicking "Upload new Census".

Note: If you use your own template please ensure the census is on the first tab of your spreadsheet and that the language in the header row matches the following labels exactly:
First Name, Last Name, Date of Birth, Age (as of Effective Date), Zip Code, Relationship Type

[Upload New Census](#)

[Download Census Template](#)

Manually Add Employees

This option provides you the ability to manually enter general Membership information. Selecting this option requires the completion of the Employee Enrollment Application located at the Required Documents page.

[+ Add employee](#)

2. On your computer, search your Downloads folder for the file **sgBrokerAddSubscribersTemplate**.
3. Open the template in Excel. Do not change the column headers or the order of the tabs- these map directly to the required fields in the quoting tool.

First Name Last Name Date of Birth Age (as of Effective Date) Zip Code Relationship Type

Do not change column headers

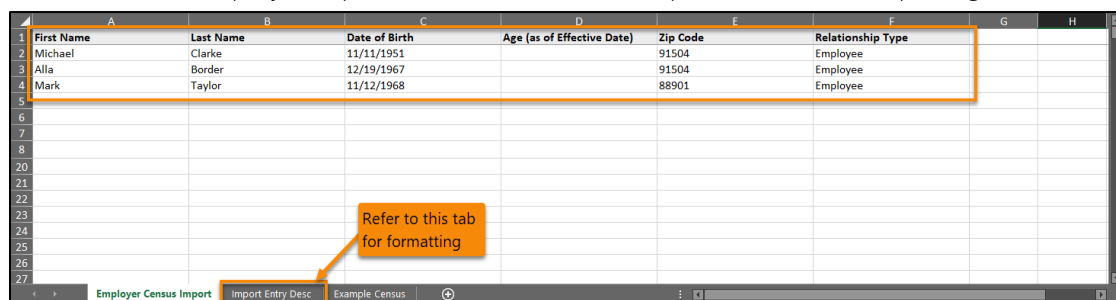
Employer Census Import

Enrollment information must stay on the first tab

- Enter employee information to the template (First Name, Last Name, etc.). Refer to the *Import Entry Desc* tab at the bottom of the template for help with formatting the data.

Note: Date of Birth is required when completing a New Group Enrollment

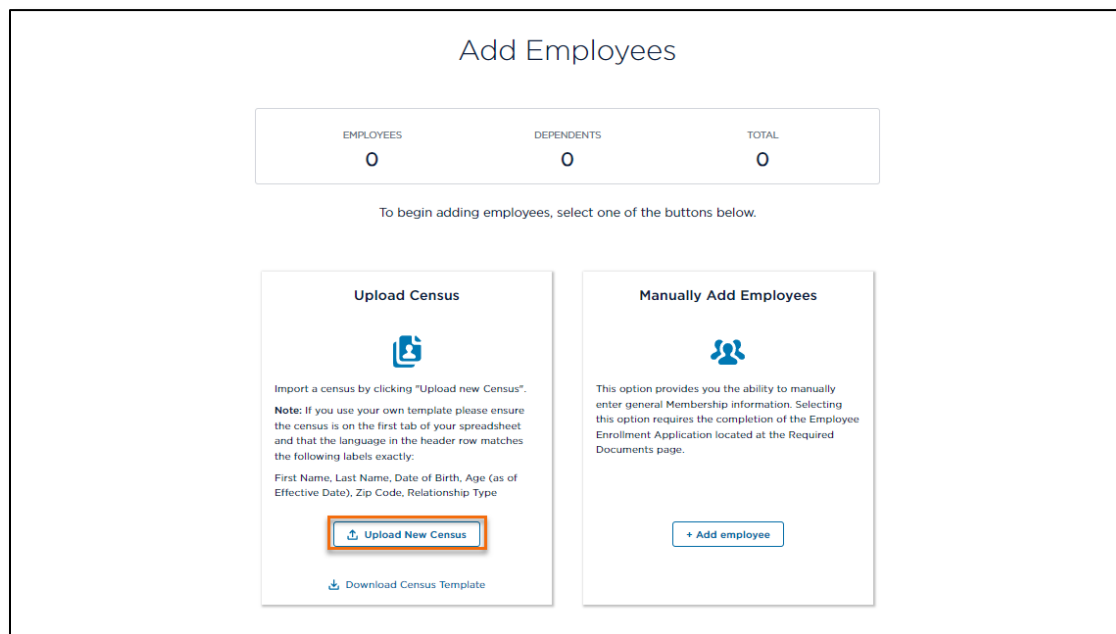
Note: Enter the employee zip code (not the business zip code) when completing New Group Enrollment.



1	A	B	C	D	E	F	G	H
	First Name	Last Name	Date of Birth	Age (as of Effective Date)	Zip Code	Relationship Type		
2	Michael	Clarke	11/11/1951		91504	Employee		
3	Alla	Border	12/19/1967		91504	Employee		
4	Mark	Taylor	11/12/1968		88901	Employee		
5								
6								
7								
8								
20								
21								
22								
23								
24								
25								
26								
27								

Employer Census Import | **Import Entry Desc** | Example Census

- Save the spreadsheet in a designated folder/location on your PC.
- Return to the 'Add Employees' page, click **Upload New Census** and upload the census from your computer.



Add Employees


EMPLOYEES
0

DEPENDENTS
0

TOTAL
0


To begin adding employees, select one of the buttons below.

Upload Census




Import a census by clicking "Upload new Census".

Note: If you use your own template please ensure the census is on the first tab of your spreadsheet and that the language in the header row matches the following labels exactly:
First Name, Last Name, Date of Birth, Age (as of Effective Date), Zip Code, Relationship Type

 Upload New Census

[Download Census Template](#)

Manually Add Employees



This option provides you the ability to manually enter general Membership information. Selecting this option requires the completion of the Employee Enrollment Application located at the Required Documents page.

+ Add employee



At any time throughout the process, you can upload a new census; however, the new census will overwrite all subscriber data.



If you choose to use your own census template, please ensure that the census is on the first tab of your spreadsheet and that the headers match the census template.

7. After the template has uploaded, verify that the totals for **Employees**, **Dependents** and **Total**, match your spreadsheet.

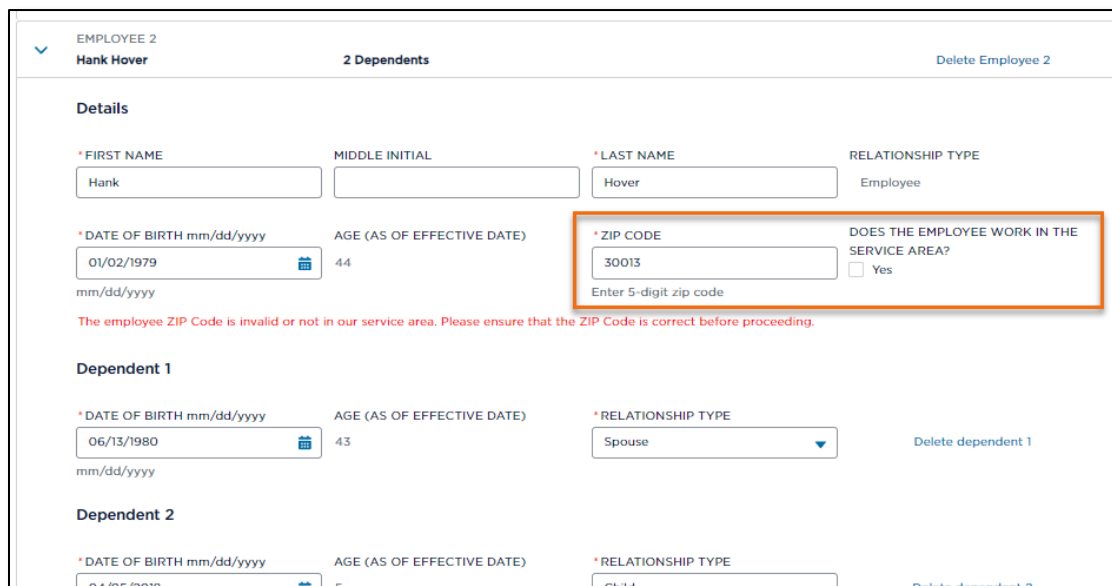
The screenshot shows the 'Add Employees' form. At the top, a summary box displays: EMPLOYEES: 3, DEPENDENTS: 6, TOTAL: 9. Below this are buttons for 'Upload New Census' and '+ Add employee'. The form is titled 'EMPLOYEE 1' and shows 'Jack Jackson' with '2 Dependents'. A 'Delete Employee 1' button is visible. The 'Details' section includes fields for FIRST NAME (Jack), MIDDLE INITIAL, LAST NAME (Jackson), and RELATIONSHIP TYPE (Employee).

8. Scroll down the page to verify or edit the employee data.
- Edit employee/dependent information by typing directly into the fields.
 - Buttons are placed throughout to easily **Delete Employee**, **Delete Dependent** and **Add Dependent**, when needed.

This screenshot shows the detailed view of the 'Add Employees' form. The summary box at the top remains the same. The 'EMPLOYEE 1' section for 'Jack Jackson' is expanded, showing a 'Delete Employee 1' button. The 'Details' section contains input fields for: FIRST NAME (Jack), MIDDLE INITIAL, LAST NAME (Jackson), RELATIONSHIP TYPE (Employee), DATE OF BIRTH (01/02/1965), AGE (58), and ZIP CODE (22193). Below this, there are sections for 'Dependent 1' and 'Dependent 2'. 'Dependent 1' has fields for DATE OF BIRTH (01/03/1970), AGE (54), and RELATIONSHIP TYPE (Spouse), with a 'Delete dependent 1' button. 'Dependent 2' has fields for DATE OF BIRTH (04/05/2008), AGE (15), and RELATIONSHIP TYPE (Child), with a 'Delete dependent 2' button. A '+ Add dependent' button is located at the bottom of the dependent section. The 'EMPLOYEE 2' section for 'Hank Hover' is partially visible at the bottom.

Note regarding out of area subscribers:

When a subscriber's zip code is outside the service area, a checkbox appears to confirm if the employee works within the service area.



EMPLOYEE 2
Hank Hover 2 Dependents Delete Employee 2

Details

* FIRST NAME MIDDLE INITIAL * LAST NAME RELATIONSHIP TYPE
Hank Employee

* DATE OF BIRTH mm/dd/yyyy AGE (AS OF EFFECTIVE DATE) * ZIP CODE DOES THE EMPLOYEE WORK IN THE SERVICE AREA?
01/02/1979 44 30013 ☐ Yes
mm/dd/yyyy Enter 5-digit zip code

The employee ZIP Code is invalid or not in our service area. Please ensure that the ZIP Code is correct before proceeding.

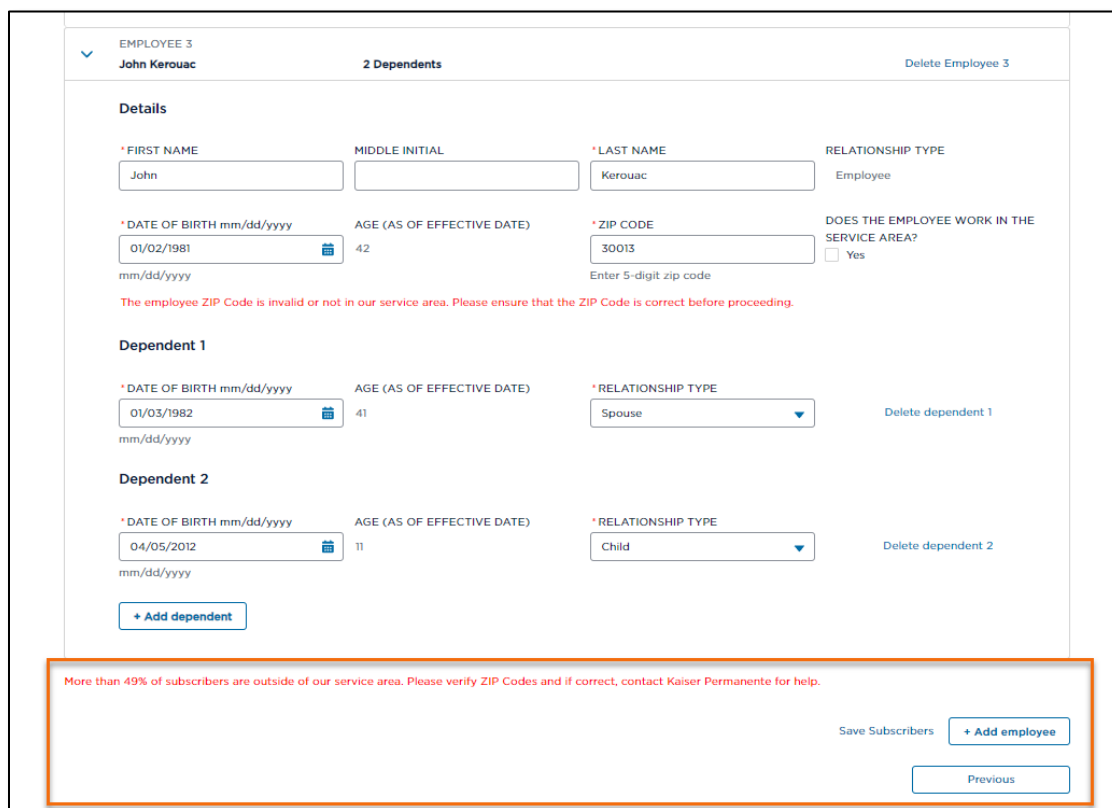
Dependent 1

* DATE OF BIRTH mm/dd/yyyy AGE (AS OF EFFECTIVE DATE) * RELATIONSHIP TYPE
06/13/1980 43 Spouse Delete dependent 1

Dependent 2

* DATE OF BIRTH mm/dd/yyyy AGE (AS OF EFFECTIVE DATE) * RELATIONSHIP TYPE
04/05/2012 11 Child Delete dependent 2

If more than 49% of subscribers live and work outside of the service area, you will not see a Next button at the bottom of the 'Add Employees' screen, and cannot continue with online group enrollment. Contact your Kaiser Permanente sales representative for help.



EMPLOYEE 3
John Kerouac 2 Dependents Delete Employee 3

Details

* FIRST NAME MIDDLE INITIAL * LAST NAME RELATIONSHIP TYPE
John Employee

* DATE OF BIRTH mm/dd/yyyy AGE (AS OF EFFECTIVE DATE) * ZIP CODE DOES THE EMPLOYEE WORK IN THE SERVICE AREA?
01/02/1981 42 30013 ☐ Yes
mm/dd/yyyy Enter 5-digit zip code

The employee ZIP Code is invalid or not in our service area. Please ensure that the ZIP Code is correct before proceeding.

Dependent 1

* DATE OF BIRTH mm/dd/yyyy AGE (AS OF EFFECTIVE DATE) * RELATIONSHIP TYPE
01/03/1982 41 Spouse Delete dependent 1

Dependent 2

* DATE OF BIRTH mm/dd/yyyy AGE (AS OF EFFECTIVE DATE) * RELATIONSHIP TYPE
04/05/2012 11 Child Delete dependent 2

+ Add dependent

More than 49% of subscribers are outside of our service area. Please verify ZIP Codes and if correct, contact Kaiser Permanente for help.

Save Subscribers + Add employee Previous

- After you have validated the census details, click **Next** to select medical plans.

Manually add employees and dependents


1. From the 'Add Employees' screen, click **Add Employee**.

Add Employees

EMPLOYEES	DEPENDENTS	TOTAL
0	0	0

To begin adding employees, select one of the buttons below.

Upload Census



Import a census by clicking "Upload new Census".


Note: If you use your own template please ensure the census is on the first tab of your spreadsheet and that the language in the header row matches the following labels exactly:

First Name, Last Name, Date of Birth, Age (as of Effective Date), Zip Code, Relationship Type

[Upload New Census](#)

[Download Census Template](#)

Manually Add Employees



This option provides you the ability to manually enter general Membership information. Selecting this option requires the completion of the Employee Enrollment Application located at the Required Documents page.

[+ Add employee](#)

2. Type employee information into the fields.
3. Click **Add Employee** for each additional employee.

Note: If you are including out of area subscribers, refer to the note on p 12.

4. Click **Add Dependent** to add a dependent.

The screenshot shows the 'Add Employees' interface. At the top, a summary box displays 'EMPLOYEES: 1', 'DEPENDENTS: 0', and 'TOTAL: 1'. Below this are buttons for 'Upload New Census' and '+ Add employee' (callout 3). The main section is titled 'EMPLOYEE 1' and 'John Doe' with '0 Dependents'. A 'Details' box (callout 2) contains fields for:

- * FIRST NAME: John
- MIDDLE INITIAL: (empty)
- * LAST NAME: Doe
- RELATIONSHIP TYPE: Employee
- * DATE OF BIRTH mm/dd/yyyy: 01/24/1973
- AGE (AS OF EFFECTIVE DATE): (empty)
- * ZIP CODE: 21401

 A '+ Add dependent' button (callout 4) is at the bottom of the details box. At the bottom right of the form, there are 'Save Subscribers' and '+ Add employee' (callout 3) buttons, and 'Previous' and 'Next' buttons. A 'Cancel' link is at the bottom left.

5. When you have completed manually adding employees, click **Next** to continue to the 'Medical Plan Selection' screen.

Medical Plan Selection

Select all medical plans being offered for enrollment.

- Groups with **1-5 subscribers** may offer a choice of up to 4 HMO plans and 1 Flexible Choice (3TPOS) plan.
- Groups with **6 or more subscribers** may offer a choice of unlimited HMO plans and up to 2 Flexible Choice (3TPOS) plans.

1. Use the **Search** or **Filters** to locate specific plans.
2. Select the check marks for any plans being offered.
3. Scroll to the bottom of the page and click **Next** to continue to 'Dental Plan Selection'.

Medical Plan Selection

Groups with 1-5 subscribers may offer a choice of up to 4 HMO plans and 1 Flexible Choice (3TPOS) plan.
Groups with 6 or more subscribers may offer a choice of unlimited HMO plans and up to 2 Flexible Choice (3TPOS) plans.

SEARCH

Q

Search by plan name

PRODUCT TYPE

☐ HMO
☐ KP Plus
☐ DHMO
☐ Added Choice Deductible
☐ Deductible KP Plus
☐ HSA
☐ Virtual Complete
☐ Flexible Choice
☐ Flexible Choice Deductible
☐ Flexible Choice HSA
☐ Virtual Forward

METAL TIERS

☐ Platinum
☐ Gold
☐ Silver
☐ Bronze

NETWORK

☐ Signature
☐ Select

Apply Filters

Remove all filters

HMO

☐ KP MD Platinum 0/10/Vision (Signature)
☒ KP MD Platinum 0/10/Vision (Select)
☐ KP MD Gold 0/20/Vision (Signature)
☐ KP MD Gold 0/20/Vision (Select)

KP Plus

☐ KP MD Platinum Plus 0/10/Vision (Signature)
☐ KP MD Gold Plus 0/20/Vision (Signature)

DHMO

☐ KP MD Platinum 500/20/Vision (Signature)
☐ KP MD Platinum 500/20/Vision (Select)
☐ KP MD Gold 500/20/Vision (Signature)
☐ KP MD Gold 500/20/Vision (Select)
☐ KP MD Gold 1000/100 RxDed/20/Vision (Signature)
☒ KP MD Gold 1000/100 RxDed/20/Vision (Select)
☐ KP MD Gold 1500/150 RxDed/20/Vision (Signature)
☐ KP MD Gold 1500/150 RxDed/20/Vision (Select)
☐ KP MD Silver 1800/350 RxDed/40/Vision (Signature)
☐ KP MD Silver 1800/350 RxDed/40/Vision (Select)
☐ KP MD Silver 2500/40/Vision (Signature)
☐ KP MD Silver 2500/40/Vision (Select)

Dental Plan Selection

1. Check the boxes for up to 2 dental plans or click Next to opt out of dental coverage.

Dental Plan Selection

Groups may select up to 2 dental plans or click next to opt out of dental coverage.

SEARCH

Q

Search by plan name

Adult Dental
<input checked="" type="checkbox"/> KP Smile SG Dental EPO
<input type="checkbox"/> KP Smile SG Dental PPO Basic
<input type="checkbox"/> KP Smile SG Dental PPO
<input type="checkbox"/> KP Smile SG Dental PPO High
<input type="checkbox"/> KP Smile SG Dental POS

Adult Dental and Family Cosmetic Ortho
<input type="checkbox"/> KP Smile SG Dental EPO w/ Family Ortho
<input checked="" type="checkbox"/> KP Smile SG Dental PPO Basic w/ Family Ortho
<input type="checkbox"/> KP Smile SG Dental PPO w/ Family Ortho
<input type="checkbox"/> KP Smile SG Dental PPO High w/ Family Ortho
<input type="checkbox"/> KP Smile SG Dental POS w/Family Ortho

Adult Dental and Child Cosmetic Ortho
<input type="checkbox"/> KP Smile SG Dental EPO w/Child Ortho

2. Click **Next** to continue to the 'Plan Assignments' screen.

Plan Assignments

If offering two or more plans, you will need to assign a plan for each employee in the 'Plan Assignments' screen.

Note: If offering only one plan, the system automatically populates the plan assignment.

1. You can **Search** and **Sort** employees.
2. Click the **Select a Medical Plan** drop down to select a plan for each employee.

The screenshot displays the 'Plan Assignments' interface. At the top, it instructs users to choose plans for each employee and select 'Next' when complete. Below this, there are two informational lines about dental plan enrollment requirements. The interface includes a 'SEARCH EMPLOYEES' box with a search icon and a 'SORT EMPLOYEES' dropdown menu set to 'By First Name'. A list of employees is shown, with '7 of 7 employees' indicated. The first employee, Jason Young, is highlighted. His details are: FIRST NAME: Jason, LAST NAME: Young, DATE OF BIRTH: 02/05/2000, AGE AT EFFECTIVE DATE: 23, and ZIP CODE: 22102. Below the employee details, there are two dropdown menus for plan selection. The 'SELECT A MEDICAL PLAN' dropdown is open, showing options: 'KP MD Gold 1000/100 RxDed/20/Vision (Select)' (highlighted), 'KP MD Platinum 0/10/Vision (Select)', 'KP MD Gold 1000/100 RxDed/20/Vision (Select)' (checked), and 'KP MD Silver 3000/30/HSA/Vision (Signature)'. The 'SELECT A DENTAL PLAN' dropdown is also open, showing options: 'KP Smile SG Dental PPO Basic w/ Family Ortho' (highlighted), 'KP Smile SG Dental EPO', 'KP Smile SG Dental PPO Basic w/ Family Ortho' (checked), and 'Waive Dental Plan'.

3. After you have selected a plan for each employee, click **Next**.

Rating Type and Contribution Details

Complete 'Rating Type and Contribution Details' (* indicates a required field).

1. Select the rating type: **Member-Level** or **Composite**

Note: Member-Level is the default rating type. Composite rating is not available when dental options are offered, or when there are not at least 2 subscribers per plan offered.

2. Complete the contribution details.

Rating Type and Contribution Details

Choose the correct selections for the rating type and contribution details of this group.

Medical rating type

*SELECT A MEDICAL RATING TYPE

☒ Member-Level ☐ Composite

Composite premium rating calculation is not available with a dental plan option.

Composite premium rating calculation requires at least 2 subscribers to be enrolled in each medical plan offered.

Medical contribution details

Your contribution to coverage can be a percentage or a fixed dollar amount. Your minimum contribution must be at least 50% of the "Employee only" monthly premium for the lowest-priced Kaiser Permanent medical plan offered by the employer.

*CONTRIBUTION IS FOR

☐ Employees Only ☒ Employees + Dependents

*SELECT A CONTRIBUTION TYPE

☐ \$ Fixed Dollar Amount ☒ % Percentage

*SELECT WHICH PLANS WILL APPLY

☐ Lowest Cost Plan ☒ All Plans ☐ Specific Plan

*CONTRIBUTION TO EMPLOYEE MEDICAL PREMIUM

Please input a percentage (numbers only, no special characters)

*CONTRIBUTION TO DEPENDENT MEDICAL PREMIUM

Please input a percentage (numbers only, no special characters)

3. Click **Next**.

Rate Presentation


1. Review the final rates.
2. If the information in this screen is not correct, click **Previous** to go back and make edits.
3. If everything on this screen is correct, click **Next**.

Rate Presentation

These are the final rates based on the information entered in the enrollment process


Company Name: **MAS NGE Demo**
 Effective Date: **01/01/2024**
 Zip Code: **21401**
 County: **Anne Arundel**
 Employee Count: **7**
 Member Count: **22**
 Rating Type: **Member Level**

TOTAL EMPLOYEE
MEDICAL PREMIUM




\$4,902.43

TOTAL DEPENDENT
MEDICAL PREMIUM




\$5,166.97

TOTAL MONTHLY
MEDICAL PREMIUM



\$10,069.40

TOTAL MONTHLY
DENTAL PREMIUM



\$230.21

TOTAL MONTHLY PREMIUM : \$10,299.61

Medical Rate Details Expand All | Collapse All

EMPLOYEE	RELATIONSHIP	AGE AT EFFECTIVE DATE	MEDICAL PLAN	MEDICAL RATE	EMPLOYEE AND DEPENDENT TOTAL
1. Gordon Ramsey	Employee	58	KP MD Gold 1000/100 RxDed/20/Vision (Select)	\$920.06	
	Spouse	55		\$805.23	
					\$1,725.29
2. David King	Employee	53	KP MD Platinum 0/10/Vision (Select)	\$845.82	
	Spouse	53		\$845.82	
					\$1,691.64
3. Mike Hill	Employee	53	KP MD Silver 3000/30/HSA/Vision (Signature)	\$561.71	
	Child	6		\$210.64	
	Child	6		\$210.64	
	Child	6		\$210.64	
					\$1,193.63
4. Paul Lamberson	Employee	53	KP MD Gold 1000/100 RxDed/20/Vision (Select)	\$736.62	
	Spouse	53		\$736.62	
	Child	6		\$276.23	
	Child	6		\$276.23	
	Child	6		\$276.23	
	Child	6		\$0.00	
					\$2,301.93
5. David Hall	Employee	53	KP MD Gold 1000/100 RxDed/20/Vision (Select)	\$736.62	
	Spouse	43		\$490.00	
	Child	6		\$276.23	
	Child	6		\$276.23	
	Child	6		\$276.23	
	Child	6		\$0.00	
					\$2,055.31

Required Documents

1. The following documents are required for online New Group Enrollment.
 - a. Choose one of the following **membership enrollment** methods:
 - Kaiser Employee Enrollment Ledger (KEEL): Upload your KEEL here if you have one.
 - Employee Enrollment Form: Have all employees complete it, and upload it here.
 - b. **New Group Broker of Record Authorization:** This form grants you electronic signature authority for the online application. Download and have your client complete it.
 - c. **First month's payment:** To finalize enrollment, submit the first month's payment. Choose your method:
 - Electronic Funds Transfer (EFT): Download and complete the EFT form.
 - Binder Check: Provide a copy of your check.
2. Need to download any of the required forms? Use the **Click here** link.

Note: This opens the Help Center in a new tab. Click the 'Enroll Group' tab to return to the enrollment.
3. Ready to upload documents? Click **Upload Files** or drag and drop your files to the designated area. You can upload individually or as a batch.
4. Made a mistake? Click **Delete document** to remove any unwanted files.

Required Documents

Required Documents

1. Kaiser Employee Enrollment Ledger (KEEL) Spreadsheet/Employee Enrollment Form

If you are using a Kaiser Employee Enrollment Ledger (KEEL) Spreadsheet for membership enrollments upload it here, or download the Employee Enrollment form, and have all enrolling employees from your company complete, sign and date.

2. New Group Broker of Record Authorization form

Complete all sections of the New Group Broker of Record Authorization form and obtain the signature from your client.

3. First month's payment

To complete enrollment, we need the first month's payment. Download and complete the Electronic Funds Transfer (EFT) form or provide a copy of a Binder Check.

Click here to access and download your required forms for enrollment.

Upload Documents

For your convenience, you can either merge the documents above for submission or attach each document individually.

Upload Files Or drop files

Files Uploaded

sg-enrollment-and-change-form-md-va-en-2023.pdf	Delete document
small-group-electronic-transfer-for-initial-payment-ga.pdf	Delete document
MAS - MD - Broker Authorization Form.pdf	Delete document

Cancel Save for later Previous Next

5. When you have finished uploading the required documents, click **Next**.

Attestation

1. Fill out all required fields in the Attestation.
 - Authorized delegates may sign the attestation.
 - In the Additional Contacts section, enter an Email or Phone for the person whom KP should contact if there are any questions about the submission.
2. Click **Submit** to process your New Group Enrollment. Download the completed application in the next screen.

Attestation

Authorized Agent/Broker of Record Signature

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

This is an application for coverage only. No contract for coverage will exist until Kaiser Foundation Health Plan, Inc. (KFHP-MAS), or Kaiser Permanente Insurance Company (KPIC) has completed its review and communicated to the business applicant or the applicant's broker that the application has been accepted and a group health plan contract/group policy will be issued.

AUTHORIZED AGENT/BROKER OF RECORD FOR KAISER PERMANENTE


To be completed by broker. To the best of my knowledge and belief, employment and other information on this application is complete and accurate. I acknowledge that I represent and am acting on behalf of my client and not for, or as, an employee of KFHP-MAS or KPIC. I have explained the benefits and limitations of coverage and advised my client not to terminate any existing coverage until receiving written notice that the coverage being applied for under the new program has been approved. I understand that I have no right to bind this coverage, or to alter terms of the insurance.

*FIRST NAME	*LAST NAME	TITLE
<input type="text" value="Jane"/>	<input type="text" value="Doe"/>	<input type="text" value="Broker"/>

* Please provide an esignature

You agree that you are submitting an electronic signature, which is the legal equivalent of your written signature for this transaction and will be relied upon as such by all Kaiser Permanente entities.

Use your mouse or touchscreen to sign in the space below, or choose "Type Signature" to type your signature in the space below, then click "Save" to continue.



Additional Contact

Who should we contact if we need additional information to complete this submission?

☒ Same as signer

*FIRST NAME	*LAST NAME	TITLE
<input type="text" value="Jane"/>	<input type="text" value="Doe"/>	<input type="text" value="Broker"/>

*EMAIL	*PHONE NUMBER
<input type="text"/>	<input type="text"/>

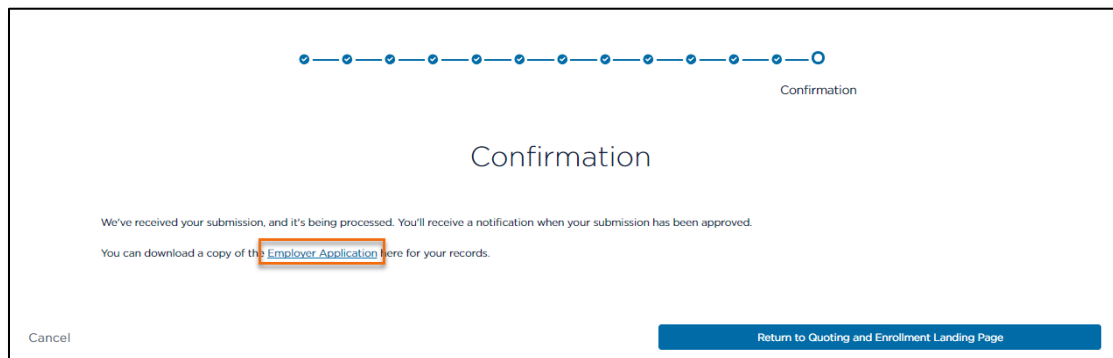
*Preferred contact method
☐ Email ☐ Phone

COMMENTS

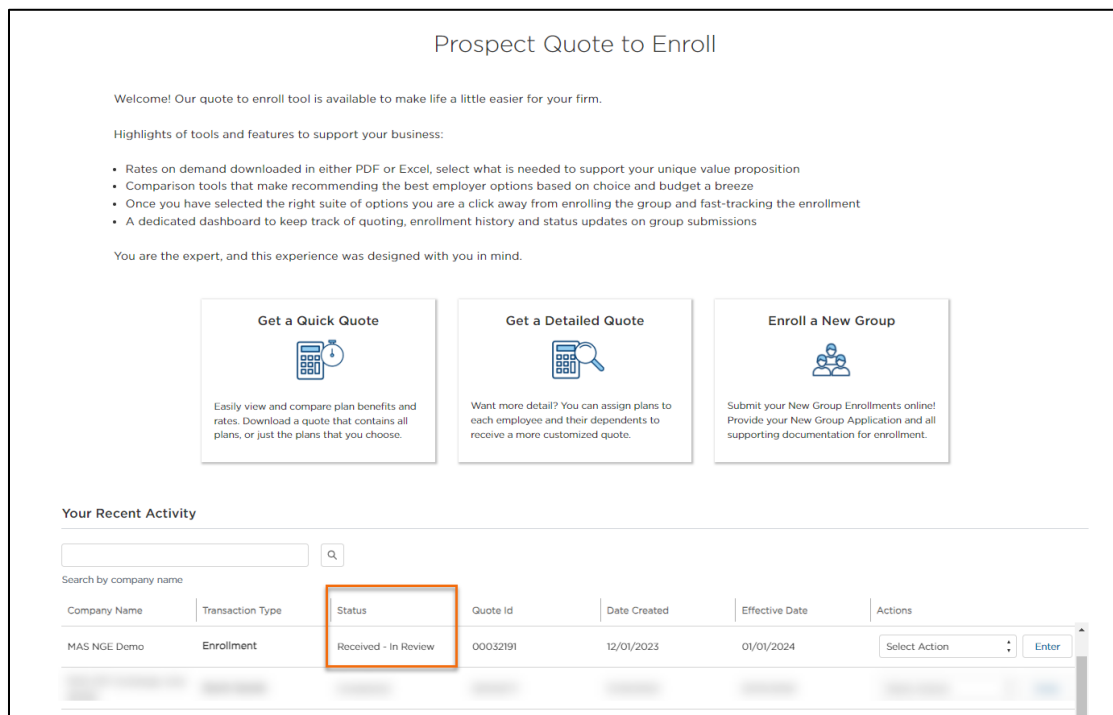
Confirmation

The Confirmation is the final screen of the New Group Enrollment. An email confirmation will be sent to the email address entered in the 'Agent of Record' screen.

1. Click the **Employer Application** link to download the application for your records.
2. Click **Return to Quoting and Enrollment Landing Page**.



3. From the landing page, scroll down to **Your Recent Activity**.
4. Review the **Status** column. The new application shows a status of 'Received- In Review'. Once KP has completed the application, the status will update to "Completed" and the Welcome Letter will be sent to the 'Agent of Record' and group 'Contract Signer'.



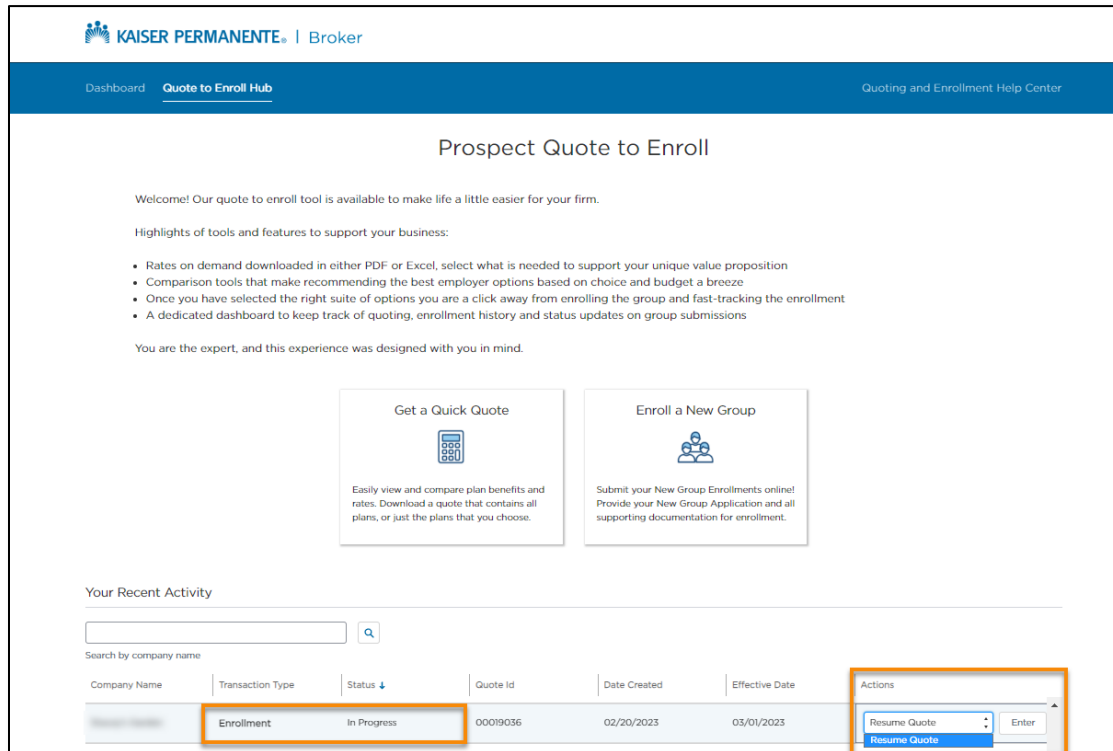
Save, Edit or Cancel the Enrollment

Save your work for later

1. Each time you click **Next** during New Group Enrollment, your work is saved. If you are part-way through a screen and need to step away, click **Save for later** to save your progress.



2. To return to where you left off, return to the 'Prospect Quoting and New Group Enrollment' page.
3. Look for **Your Recent Activity**.
4. Select the **Actions** drop down for the corresponding business name.
5. Select **Resume Quote** and click **Enter**.



Edit previously completed screens

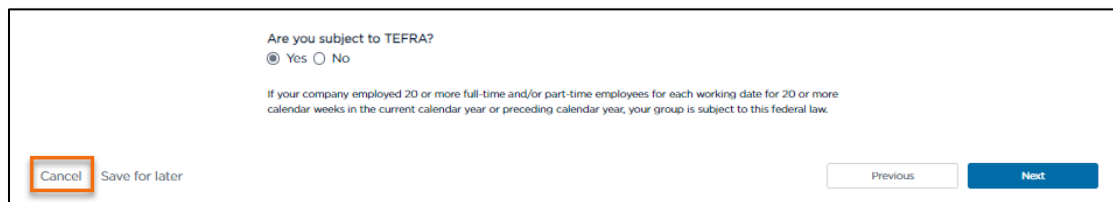
1. Edit previous screens by clicking the **Previous** button at the bottom of the screen. Allow the previous screen to fully load. Continue this process until you get to the page where you need to make a correction.
2. To return to the most current page, click **Next** and allow the next page to load before clicking Next again.



A screenshot of the bottom of a form. On the left, there are two links: "Cancel" and "Save for later". On the right, there are two buttons: "Previous" (outlined in orange) and "Next" (solid blue).

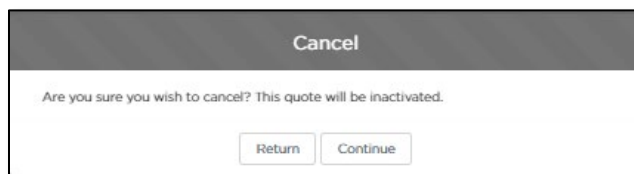
Cancel the New Group Enrollment

1. If you need to cancel a New Group Enrollment, click **Cancel** on any page during the enrollment process.



A screenshot of a form titled "Are you subject to TEFRA?". It has radio buttons for "Yes" (selected) and "No". Below this is a paragraph of text: "If your company employed 20 or more full-time and/or part-time employees for each working date for 20 or more calendar weeks in the current calendar year or preceding calendar year, your group is subject to this federal law." At the bottom left, the "Cancel" button is highlighted with an orange border. Other buttons include "Save for later", "Previous", and "Next".

2. Click **Continue** to inactivate the quote.



A screenshot of a confirmation dialog box. The title bar says "Cancel". The main text asks: "Are you sure you wish to cancel? This quote will be inactivated." At the bottom, there are two buttons: "Return" and "Continue".