SMALL GROUP | WASHINGTON

Small group quote request (for groups with 1 to 50 employees)

Requested effective date: First of (month) _____

Send quote to: ☐ Producer ☐ Company contact person   via: ☐ Email ☐ Fax ☐ Mail

1. Tell us about your company.

Company name: _____

Number of employees: _____ Worldwide: _____ Local: _____

Contact person: _____

Type of business: _____

Business address: _____

City: _____ State: _____ ZIP: _____ County: _____

Email address: _____

Phone number: _____ Fax number: _____

2. Provide producer (broker/agent) information, if applicable.

Producer's name: _____

Producer's email address: _____ Producer's fax number: _____

3. List those who will be covered, including employees, spouses, and children.

	Date of birth*	Spouse (yes or no)*	Spouse's date of birth* (mm/dd/yyyy)	Number of children to be covered*	Child 1 date of birth* (mm/dd/yyyy)	Child 2 date of birth* (mm/dd/yyyy)	Child 3 date of birth* (mm/dd/yyyy)	Child 4 date of birth* (mm/dd/yyyy)	Child 5 date of birth* (mm/dd/yyyy)
Employee 1									
Employee 2									
Employee 3									
Employee 4									
Employee 5									
Employee 6									

*Required fields   *(continues on next page)*

We can provide a more accurate quote with complete information. Please email your completed form to smallbusinessgroup@kp.org or fax it to 206-877-0654. Learn more about small group plans at kp.org/wa/smallgroup.

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc.

KAISER PERMANENTE®

Company name: _____

	Date of birth*	Spouse (yes or no)*	Spouse's date of birth* (mm/dd/yyyy)	Number of children to be covered*	Child 1 date of birth* (mm/dd/yyyy)	Child 2 date of birth* (mm/dd/yyyy)	Child 3 date of birth* (mm/dd/yyyy)	Child 4 date of birth* (mm/dd/yyyy)	Child 5 date of birth* (mm/dd/yyyy)
Employee 7									
Employee 8									
Employee 9									
Employee 10									
Employee 11									
Employee 12									
Employee 13									
Employee 14									
Employee 15									
Employee 16									
Employee 17									
Employee 18									
Employee 19									
Employee 20									
Employee 21									
Employee 22									
Employee 23									
Employee 24									
Employee 25									
Employee 26									
Employee 27									
Employee 28									
Employee 29									
Employee 30									
Employee 31									
Employee 32									

*Required fields

(continues on next page)

KAISER PERMANENTE®

Company name: _____

	Date of birth*	Spouse (yes or no)*	Spouse's date of birth* (mm/dd/yyyy)	Number of children to be covered*	Child 1 date of birth* (mm/dd/yyyy)	Child 2 date of birth* (mm/dd/yyyy)	Child 3 date of birth* (mm/dd/yyyy)	Child 4 date of birth* (mm/dd/yyyy)	Child 5 date of birth* (mm/dd/yyyy)
Employee 33									
Employee 34									
Employee 35									
Employee 36									
Employee 37									
Employee 38									
Employee 39									
Employee 40									
Employee 41									
Employee 42									
Employee 43									
Employee 44									
Employee 45									
Employee 46									
Employee 47									
Employee 48									
Employee 49									
Employee 50									

*Required fields

KAISER PERMANENTE.