

INSTRUCTIONS

This is for your first month's payment only.

If you'd like to continue making payments by electronic transfer, please contact us at **800-731-4661**. Kaiser Permanente doesn't accept credit card payments for either initial or ongoing premium payments for small group coverage.

Return this form, along with your New Group Application, to your Kaiser Permanente sales representative or your broker.

COMPANY INFORMATION

Company name			Customer ID (if assigned)
Phone () -	Ext.	Fax () -	

AUTHORIZATION

I authorize Kaiser Permanente to withdraw the debit amount from the account below:

Transit routing number (9 digits)	Bank account number
--------------------------------------------	---------------------

Debit amount:

Withdraw the amount of the first month's premium,
based on the final rate verification.

OR Indicate amount to be debited:
\$ _____

If this item is returned unpaid, I authorize Kaiser Permanente to resubmit the item and charge this account an additional insufficient funds fee for the maximum amount allowed by the state as a result of a returned check.

SIGNATURE

I affirm that I have authority to contract with Kaiser Foundation Health Plan, Inc., and Kaiser Permanente Insurance Company on behalf of the group.

Authorized company signer (please print name)	Title (please print)
Signature X	Date

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