

If you would like to request a change to your renewal date, please complete the form on the next page. Your account manager will contact you if the change is approved.

Please read the instructions and guidelines below before completing the Renewal Date Change Request form. This request will not be processed without Kaiser Permanente's approval. If you have questions or need further information, please call the Customer Connection Team at **800-790-4661, option 3**, or contact your broker.

GENERAL INSTRUCTIONS

1. The employer is responsible for confirming all information prior to submitting.
2. Please be aware that changes to effective date may affect your premiums and plan options.
3. Be sure to sign and date where indicated.
4. Once the form is complete, make a copy for your records.
5. All effective dates will be made in accordance with the contractual agreement between the group (employer) and Kaiser Permanente.

RENEWAL DATE CHANGE GUIDELINES

- There is no retro-processing of renewal date alignment.
- Renewal month may be changed for the following accepted reasons (with prior review and approval by Kaiser Permanente management):
 1. To align with the calendar year, January 1.
 2. To align with another carrier's group health plan (medical only).
 - ♦ Employers will be required to provide evidence of the other carrier's coverage period and open enrollment period.
 3. To align with the school year of a school district.
 4. To align with a Section 125 plan.
 5. **Early Renewal groups only** with a current December renewal date may revert to their original renewal month.

CONTACT INFORMATION

Fax: **800-369-8010**

For more information, please contact the Kaiser Permanente Customer Connection Team at **800-790-4661, option 3**.

COMPANY INFORMATION

Company name		Customer ID		Enrollment unit	
Street address (no P.O. boxes)		City	State	ZIP	County
Office phone () -		Ext.	Fax () -		
Email					

CHANGE RENEWAL DATE

Current renewal date / /	Group health plan carrier being offered alongside Kaiser Permanente
Requested renewal date / /	Requested open enrollment date / /

REASON FOR REQUESTING TO CHANGE RENEWAL DATE

- | | |
|--|---|
| <input type="checkbox"/> Align with calendar year | <input type="checkbox"/> Align with Section 125 plan |
| <input type="checkbox"/> Align with another medical carrier's renewal date | <input type="checkbox"/> Revert to original renewal date (Early Renewal groups only) |
| <input type="checkbox"/> Align with school year | |

SIGNATURE

I affirm that I have authority to contract with KFHP and KPIC on behalf of the group, and that by signing this form, I acknowledge that changing my renewal date will change my contract period. I further understand that this may increase my rates and that I am responsible for the additional premium. I understand and agree that I am waiving my right to receive a 60-day notice for my renewal.

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

KAISER PERMANENTE APPROVAL*

Name (please print)	Title (please print)
Signature X	Date

*The offer and acceptance for the early renewal is not complete until the approval is signed by a Kaiser Permanente–authorized signatory.