



Small Business  
**ONLINE ACCOUNT SERVICES  
USER ID REQUEST FORM**

For more information: California **800-893-2971**  
Outside California **866-575-3562**

New Administrator       Change Administrator

**COMPANY BUSINESS INFORMATION**

Company name

Customer ID	State/Region	Customer ID	State/Region
Customer ID	State/Region	Customer ID	State/Region
Customer ID	State/Region	Customer ID	State/Region

**COMPANY PRIMARY ADMINISTRATOR INFORMATION**

The Primary User ID is non-transferable. Kaiser Permanente must be notified of any changes to the primary user.

First name	MI	Last name	Company role
Street address		City	State      ZIP
Phone (      )      -	Ext.	Email	

If third party, third party company name

Please enter any 4 letter pin as your authentication code, and keep this code on your records for future reference. (If your password needs to be reset this code will help us authenticate the request.)	4 letter pin
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**COMPANY AUTHORIZED CONTRACT SIGNER INFORMATION**

Kaiser Foundation Health Plan, Inc (KFHP) may provide Personal Health Information (PHI) only to those third parties who are identified by a group as its business associates. KFHP must receive written assurance from the group that a business associate agreement exists between the group and the third party and that the business associate agreement permits the business associate to receive requested PHI information from KFHP. By signing below, the group agrees that a business associate agreement exists, KFHP may disclose to the third party PHI as necessary to provide services for or on behalf of the group and the group will immediately inform KFHP when the business associate has been terminated.

Signature (required) <b>X</b>	Title
Name	Phone (      )      -      Date

**PLEASE SEND ALL COMPLETED FORMS**

**Mail:** 3840 Murphy Canyon Rd. San Diego, CA 92123  
**Email:** CSC-SD-CAS-Web-Support@kp.org  
**Fax:** 858-614-3345