

If you are changing contact information, please complete this form.  
 Your account manager will contact you if the change is approved. Do not use this form for change of ownership.  
 Fill in all areas below using black ink.

<b>Customer information</b>		
Company name	Customer ID	
Company contact	Enrollment unit	
Contact phone number*	Fax number*	E-mail*

<b>Contact changes</b>	
<input type="checkbox"/> Contract signer contact – This is the person who will be responsible for signing the <i>Group Agreement</i> and the principal person authorized to make membership or contractual changes to your account (owner, CEO).	
<input type="checkbox"/> Remove _____	<input type="checkbox"/> Add _____
<input type="checkbox"/> Interested party – This person will have authorization to access group information and can be authorized to make contractual changes to your account. However, this person is not authorized to sign the <i>Group Agreement</i> .	
<input type="checkbox"/> Remove _____	<input type="checkbox"/> Add _____ <input type="checkbox"/> This person may make contractual changes. <input type="checkbox"/> This person may not make contractual changes.
<input type="checkbox"/> Billing contact – This person will receive the monthly billing statement and is responsible for submitting the payment. This person will have access to group information but is not authorized to sign the <i>Group Agreement</i> or to make contractual changes to your account.	
<input type="checkbox"/> Remove _____	<input type="checkbox"/> Add _____

<b>Required signature</b>	
By signing this form, I acknowledge that I am changing my company's contact information.	
Authorized company signer (Please print name.)	Title
<b>X</b> Signature	Date

<b>Kaiser Permanente approval</b>	
Kaiser Permanente authorization	Title
<b>X</b> Signature	Date

\*By giving us your contact information, you agree to be contacted by a Kaiser Permanente representative by phone, fax, or e-mail.