

# Census Form



## Competitive Rates for Kaiser Permanente health care coverage

Complete the information below and fax it to **1-800-369-8010** for an immediate, no-obligation rate quote.

You may also mail this form to: Small Business Unit, Kaiser Permanente

Attn: Broker Sales  
393 E. Walnut Street, LsRs5, Pasadena, CA 91188-8527

For overnight mail send to: Small Business Unit, Kaiser Permanente

Attn: Broker Sales  
100 South Los Robles, 5th Floor, Pasadena, CA 91101

**Fill in all areas. Please print or type.**

Name of Broker \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
Broker Telephone number Broker Fax number

Address of Broker \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Name of company \_\_\_\_\_

Current Carrier \_\_\_\_\_

Address of Company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ This company has \_\_\_\_\_ employees  
Company Telephone number Company Fax number

Please check here if you would like us to include Delta Dental rates

Please list all employees who are eligible for health care benefits. For **FASTEST** service, fax this form to **1-800-369-8010**, Attn: Broker Sales

| EMPLOYEES                     |                                 | DEPENDENTS STATUS                   | ZIP          |
|-------------------------------|---------------------------------|-------------------------------------|--------------|
| Employee's name (optional)    | Employee's age or date of birth | See codes at the bottom of the page |              |
| Example: <i>Sarah Sommers</i> | <i>36</i>                       | <i>3</i>                            | <i>94111</i> |
| 1.                            |                                 |                                     |              |
| 2.                            |                                 |                                     |              |
| 3.                            |                                 |                                     |              |
| 4.                            |                                 |                                     |              |
| 5.                            |                                 |                                     |              |
| 6.                            |                                 |                                     |              |
| 7.                            |                                 |                                     |              |
| 8.                            |                                 |                                     |              |
| 9.                            |                                 |                                     |              |
| 10.                           |                                 |                                     |              |
| 11.                           |                                 |                                     |              |
| 12.                           |                                 |                                     |              |
| 13.                           |                                 |                                     |              |
| 14.                           |                                 |                                     |              |

**Dependant Status Codes:** 1=Employee only 2= Employee + Spouse 3=Employee + Child(ren) 4=Employee + Spouse + Child(ren)

All new cases are due on the last working day of the month prior to the effective date.

Questions? Call... **1-800-789-4661**