



Small Group Employee Census Information

Group Information

Important: Small groups must supply the specified information on all employees to remain in compliance with Colorado State Regulation 4-6-8, Section 5, B(3)-B(4).

Group name _____

Number of employees in Colorado _____ Total number of employees nationwide _____

Will Kaiser Permanente be the only medical insurance offered Yes No If not, what other company _____

Employee Information

By state regulation, rates are based on the ages and family size of your employees who enroll in Kaiser Permanente. All new groups are offered the same age-banded rates. If your group has 10 or more eligible employees, we can provide you with a composite rate, or an average rate based on your employee census. This rate applies to each enrollee, regardless of age, for your contract year, and is recalculated at contract renewal.

Check here if you want individual age-banding rates for groups of 10 or more Yes No

Please provide the following information on all employees within your group: Birth date, family status defined as (EE employee only, ES employee+spouse, EC employee+child(ren), F family). Check employees who are regularly scheduled to work 24+ hours per week, as well as those who are eligible for your group plan.

Name (optional)	Age/Date of Birth	EE	ES	EC	F	24+hours	Eligible	Zip code
1. _____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____	_____	_____	_____
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12. _____	_____	_____	_____	_____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____	_____	_____	_____	_____

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Name (optional)	Age/Date of Birth	EE	ES	EC	F	24+hours	Eligible	Zip code
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