KAISER PERMANENTE®

Small Business

# PAYROLL ATTESTATION

## IMPORTANT INFORMATION

Please complete this form if you're a new business (start-up, breakaway or establishing payroll from an existing business) and don't have payroll, to document eligible employees.

## 1 COMPANY INFORMATION

| Company name | Group ID (if assigned) |
|---|---|
| | |

**Check one:**
- ☐ Start-up
- ☐ Breakaway from an existing business
- ☐ Existing business with newly established payroll

## 2 EMPLOYEE INFORMATION

| First name | MI | Last name | Start date (mm/dd/yyyy) | Hourly wage/ Salary | Social Security number (last 4 digits) |
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## 3 READ AND SIGN

I affirm that I have authority to contract with Kaiser Foundation Health Plan, Inc., and Kaiser Permanente Insurance Company on behalf of the group. I attest that the employees listed above are permanent, eligible employees working at least 20 hours per week. I understand that this information may be subject to verification and agree to provide Kaiser Permanente with any information necessary to do so. I will provide the company's first 30 days complete payroll records for all employees within 45 days of the effective date. I understand that Kaiser Permanente reserves the right to not renew coverage for my group if it doesn't meet Kaiser Permanente criteria as outlined in the *Group Agreement* and/or *Group Contract*.

| Authorized company signer (please print name) | Company title (please print) |
|---|---|
| | |
| Signature<br>**X** | Date |