KAISER PERMANENTE®

REQUEST FOR CHANGE OF ACCOUNT STATUS

Federal Employees Health Benefits (FEHB) Program

- **Use this form to request changes to your existing Self and Family enrollment account only.**
- **For all other requests for changes between Self Only, Self Plus One, and Self and Family enrollments, please contact your employing agency's or retirement system's human resource office for assistance.**

COMPLETE 1-9: SUBCRIBER INFORMATION (Health/Medical Record No. (HRN/MRN) and Social Security No. (SSN) required)

1) Select the appropriate action: ☐ Dependent change ☐ Name change ☐ Address change ☐ Phone number change ☐ Replacement ID card request		
2) Name (Last, First Middle):	**3) HRN/MRN:**	**4) SSN:**
5) Address (Number, Street Name, City, State, Zip):		
6) Home phone:	**7) Business phone:**	**8) Cell phone:**

COMPLETE 1-9: DEPENDENT INFORMATION (Supporting documentation [*] is required for processing most requests)

1) Select action or Qualifying Life Event and attach required supporting documentation: ☐ marriage [* marriage certificate] ☐ divorce [* divorce decree] ☐ newborn child [* birth certificate] ☐ adopted child [* adoption decree] ☐ foster child [* certification from federal agency/retirement system] ☐ name change ☐ ID card request ☐ disabled, age 26+ child [* certification from federal agency/retirement system]	**2) Effective date of coverage or change:**	
	3) HRN/MRN (if dependent is a former Kaiser Permanente member):	

4) ACTION REQUIRED (Select one box)		**5) TYPE** (Select one box)			**6) GENDER**	**7) NAME** (Please print)	**8) DATE OF BIRTH**	**9) SOCIAL SECURITY NUMBER**
ADD	REMOVE	SPOUSE	SON	DAUGHTER	M / F	LAST, FIRST MIDDLE	MO-DAY-YR	000-00-0000
☐	☐	☐	☐	☐				
☐	☐	☐	☐	☐				
☐	☐	☐	☐	☐				
☐	☐	☐	☐	☐				

COMPLETE 1-2 and SEND: FORM AND SUPPORTING DOCUMENTATION (documentation must be sent with the form)

1) Select the Kaiser Permanente region/plan you are enrolled with:	**2a) Mail to appropriate address for your plan:**	**2b) Or, Fax to:**
☐ Colorado ☐ Georgia ☐ Hawaii ☐ Northwest (OR, WA)	Kaiser Permanente, California Service Center - Federal Account P.O. Box 23758, San Diego, California 92123-3758	1-866-551-9593
☐ Mid-Atlantic States (DC, MD, VA)	Kaiser Permanente, Employer Services Department - Federal Account, 2101 East Jefferson St., Rockville, MD 20852-4908	1-855-414-2799

SUBSCRIBER'S SIGNATURE: _____ DATE SIGNED: _____