

Group Administrator **Manual**

Welcome to Kaiser Permanente

As our partner, you play an important role in helping your employees get the highest quality health care. This manual, and our easy-to-use tools, are designed to simplify the process of administering Kaiser Permanente coverage for your employees.

If you ever have any questions or need assistance, feel free to contact your producer or your Kaiser Permanente sales representative. Or call our Sales Department at 1-800-542-6312.

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Who is eligible for coverage?

To be eligible for enrollment and continuing coverage, employees must meet all eligibility requirements imposed by the group and meet all other applicable requirements set forth in the group contract. Kaiser Permanente retains the right to verify eligibility.

When can employees enroll?

Employees can enroll for coverage during the following periods:

PERIOD 1 Initial eligibility

Eligible employees and their dependents have 31 days from the date they first become eligible to enroll in group coverage. Employees or dependents who miss this initial enrollment period are classified as “late enrollees” and must wait for your group’s next open enrollment period. Please note that there can be a **qualifying event** that triggers a special enrollment opportunity.

PERIOD 2 Open enrollment

Open enrollment is a predetermined period agreed upon by the group and Kaiser Permanente. Eligible employees or dependents who previously declined coverage can apply for coverage during this time. Current **subscribers** may also change benefit plans (if available) or make changes to dependents, subject to contract terms and conditions.

PERIOD 3 Special enrollment and qualifying events

Kaiser Permanente will allow special enrollment of eligible employees and dependents outside of the open enrollment period under certain circumstances known as **qualifying events**.

You can find definitions for terms used in this manual [here](#).



SPECIAL ENROLLMENT AND QUALIFYING EVENTS

Find out more about special enrollment and qualifying events in the [glossary](#).

Q&A about coverage

What is the effective date of coverage?

Effective dates and probation periods are specified by the group. However, it's important to know that the Affordable Care Act has rules regarding waiting periods. This refers to the period of time from when an individual first becomes eligible for coverage under an employer-sponsored health plan, to the start of coverage. The waiting period cannot exceed 90 days including weekends and holidays. There are additional rules that apply to determine whether eligibility conditions for variable-hour employees meet the 90-day waiting period limitation. More information on this rule is available at the [IRS website](#). Please refer to your group contract for other enrollment terms and conditions.

Is there a retroactive policy?

Kaiser Permanente only allows retroactive enrollment changes up to 60 days after the requested effective date.

Can members waive coverage?

Coverage may be waived when initially offered. However, subsequent applications for enrollment will be denied if received outside of the group's [open enrollment](#) period, unless the applicant has a [qualifying event](#) that triggers a [special enrollment](#) period.

What about eligibility for Medicare?

An individual who has the option to receive Medicare Part A benefits is deemed eligible for Medicare. Members who are eligible for Medicare can choose to maintain both Medicare Parts A and B while continuing group coverage.

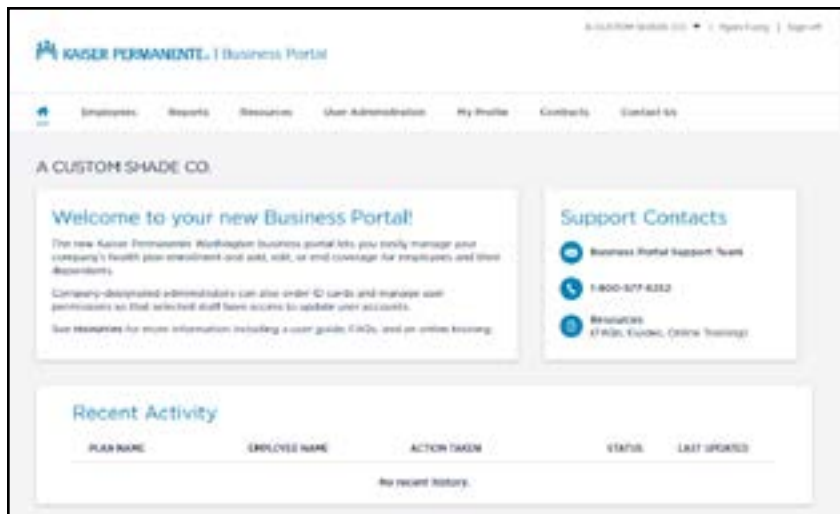
Medicare secondary payer regulations and guidelines will determine primary/secondary payer status for individuals covered by Medicare. Coverage between Kaiser Permanente and Medicare will be coordinated as outlined in the group contract and Medicare Evidence of Coverage.

Find out more about the terms used in this manual in the [glossary](#).

How do I enroll new members and make updates to existing members?

You can enroll new members two ways: using our secure online Business Portal or by filling out and submitting an enrollment form.

OPTION 1 Business Portal



Our Business Portal is an easy-to-use online tool that allows you to enroll employees and their **dependents** and make changes to their profile or status at any time. Once you've signed up, you can add new members, view and manage enrollment details, order ID cards, or terminate **subscribers** and dependents.

Sign up for the Business Portal.

It's easy to sign up.

Just email our business portal support team at employersite@kp.org or call **1-800-577-8252** or **206-448-2079**.



Access the **Business Portal** to process your enrollment updates.

OPTION 2 Complete an enrollment form

Fill out a Kaiser Permanente employee enrollment and change form for each new **subscriber** and **dependent(s)**. All customized enrollment forms must be preapproved by the Washington State Office of the Insurance Commissioner (OIC).

SEND FORMS VIA:

1

**Mail**

ATTN: Kaiser Permanente
Membership and Billing
Department
P.O. Box 34750
Seattle, WA 98124-9745

2

**Email**

Email completed forms to
kpwa.membership@kp.org
Password-protect any
documents with personal
information.

3

**Fax**

206-630-7001
ATTN: Kaiser Permanente
Membership and Billing
Department

**HAVE YOU PROVIDED ALL REQUIRED INFORMATION?**

It's important to completely fill out the employee enrollment and change form to avoid delays in processing.

Enrollment form

To avoid delays in processing, please check that you have completed all of the following before submitting your enrollment form.

KAISER PERMANENTE Return completed form to: P.O. Box 34750, Seattle, WA 98124-1750

Employee enrollment and change form

EMPLOYER: PLEASE COMPLETE THIS SECTION.

Effective date _____

Termination date _____

Group name _____

Group number _____

Selected health plan _____

Pay location (if applicable) _____

Original date of hire ____/____/____

Date of entry ____/____/____

Rate transferred from part-time (p/t) to full-time (f/t) ____/____/____

Hours worked per week ____/____/____

If retired, date of retirement ____/____/____

Choose one:

Open enrollment Add dependent(s)

New employee Remove coverage

Address/name change Qualifying event

Transfer to COBRA

Start date ____/____/____

18 months

36 months

Date processed ____/____/____ by _____

EMPLOYEE: COMPLETE THE FOLLOWING, PLEASE PRINT.

Employee name (Last name) _____ (First name) _____ (M.I.) _____

Resident address (Street) _____ (City) _____ (State) _____ (ZIP) _____

Mailing address (if different) _____

Former name of applicant or spouse (if applicable) _____

Work phone (_____) _____

Home phone (_____) _____

Email address* _____

*By providing your email address, you are agreeing to receive email communications from Kaiser Permanente.

For health plan internal use only	Check one Add / Remove	Please print Last name	First name	M.I.	Social Security Number	Male / Female	Birthdate (MM/DD/YY)	Relationship to employee
		Self						
		Spouse (domestic partner/dependent) (circle one)						
		Dependent						
		Dependent						
		Dependent						

(Signature of employee) _____ (Date signed) _____

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington, registered in Washington state, or Kaiser Foundation Health Plan of Washington Options, Inc., registered in Washington and Idaho, 601 Union St., Suite 2100, Seattle, WA 98101.

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Completed by employer
 Complete only if using a qualifying event as reason for enrollment
 Completed by employee

- 1 Important for employers with more than one group plan.
- 2 Choose one plan even if both are offered by employer.
- 3 Complete if part-time to full-time status is the specified qualifying event.
- 4 Complete if employee is changing enrollment status due to retirement.
- 5 Choose reason for application (select one).
- 6 Date and signature of employer is required.
- 7 Complete only if member is transferring to COBRA.
- 8 Show date COBRA coverage initially began.
- 9 Choose length of coverage.
- 10 Complete information for all eligible enrollees.
- 11 Indicate spouse, child, or domestic partner.
- 12 Application must be signed and dated by employee.

How do members get ID cards and member guides?

When and where will ID cards be sent?

Identification cards are mailed to the **subscribers** after Kaiser Permanente processes the enrollment application. Members can expect to receive their ID cards within one to two weeks. All ID cards, including those for **dependents**, are mailed to the subscriber's address. Notify Kaiser Permanente when you submit your application if any ID cards for dependents should be mailed to a different address.

In addition to the cards subscribers receive in the mail, they can access their digital ID cards by downloading the Kaiser Permanente mobile app at kp.org/wa.

Need a replacement card?

FOR MEMBERS:



Call Member Services toll-free in Western Washington:
1-888-901-4636
Eastern Washington:
1-800-497-2210



Sign on to their account using our password-protected member website.

FOR EMPLOYERS:



Sign on to the **BUSINESS PORTAL**

What about member guides?

Member guides for all plans are available online at kp.org/wa/getstarted. New members receive a welcome book in the mail that explains where to find the online member guide for their plan. Members can also request a printed copy by calling Member Services.

What are special circumstances for continuation of coverage?

Subscribers and **dependents** may be eligible for continued coverage for the following reasons:

Continuation option

A member no longer eligible for coverage (except in the event of termination for cause) may be able to continue coverage for a period of up to three months subject to notification to and self-payment of premiums to the group. This provision will not apply if the member is eligible for the continuation coverage provisions of the **Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)**. This continuation option is not available if the group no longer has active employees or otherwise terminates group coverage.

Leave of absence

While on a group-approved leave of absence, the subscriber and listed dependents can continue to be covered provided:

- They remain eligible for coverage
- Such leave is in compliance with the group's established leave of absence policy that is consistently applied to all employees
- The group's leave of absence policy is in compliance with the Family and Medical Leave Act when applicable
- The group continues to remit premiums for the subscriber and dependents to Kaiser Permanente

Self-payments during labor disputes

In the event of suspension or termination of employee compensation due to a strike, lock-out, or other labor dispute, a subscriber may continue uninterrupted coverage through payment of monthly premiums directly to the group. Coverage may be continued for the lesser of the term of the strike, lock-out, or other labor dispute, or for six months after the cessation of work. If coverage is no longer available, the subscriber shall have the opportunity to apply for an individual Group Conversion plan or, if applicable, continuation coverage, or an Individual and Family plan at the duly approved rates. The group is responsible for immediately notifying each affected subscriber of his or her rights of self-payment under this provision.

Find out more about the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) by emailing employersite@kp.org.

COBRA

Upon loss of eligibility, continuation of group coverage may be available to a member for a limited time after the member would otherwise lose eligibility, if required by COBRA. Members with questions regarding eligibility under the [Consolidated Omnibus Budget Reconciliation Act of 1985 \(COBRA\)](#) should contact their employer.

COBRA coverage is required by law and the interpretation and administration of COBRA rules are the responsibility of the employer. The group shall inform members of the COBRA election process and how much the member will be required to pay directly to the group.

Conversion to individual coverage

When eligibility terminates at the end of any available continuation of coverage (COBRA or non-COBRA continuation) period, members may convert to an individual Group Conversion plan or apply for an Individual and Family plan. Contact Kaiser Permanente Individual and Family Plan Sales at 1-800-358-8815.

How do I cancel coverage?

Employers are responsible for notifying Kaiser Permanente within 60 days when a **subscriber** or **dependents** are no longer eligible under the plan terms and conditions.

Ways to terminate coverage

**Web**

Terminate via the [Business Portal](#).

**Email**

Send email notification to kpwa.membership@kp.org.

**Fax**

206-630-7001
ATTN: Kaiser Permanente
Membership and
Billing Department.

Causes for Kaiser Permanente to terminate individual member coverage

LOSS OF ELIGIBILITY When a member no longer meets the eligibility requirements set forth in the group contract.

FOR CAUSE Coverage for a member may be terminated upon 10 working days written notice for:

- Material misrepresentation, fraud, or omission of information used to obtain coverage.
- Permitting use of a Kaiser Permanente ID card by another person or use of another member's ID card to obtain care to which a person is not entitled.

PREMIUM PAYMENTS Nonpayment of premiums or contributions for a specific member by the group.

Terminating your group coverage

If your group is terminating coverage, please send a written request to your account manager indicating the reason for termination.

Mail your request to:

Kaiser Foundation Health Plan of Washington

ATTN: [Your account manager]

601 Union St., Suite 3100

Seattle, WA 98101

We will generate a final bill or issue any refunds if there is a credit on the account following termination.

Understanding your premium bill

When paying your bill, please pay the amount owed and any unpaid balance carried over from the previous month (as shown in the [reconciliation letter](#)). Any current month's adjustments will appear on your next reconciliation letter.

Premium bill, page 1

KAISER PERMANENTE.
 Kaiser Foundation
 Health Plan of Washington
 PO Box 34750
 Seattle WA 98124-1750

For remittance options and other questions, see the back of this statement.

PREMIUM STATEMENT

PAYMENT IS DUE NO LATER THAN:	06/01/15
PAYS TO:	07/01/15
DATE PREPARED:	05/20/15

MEMBERSHIP SERVICES
855-397-9499

GROUP NUMBER: 000000

SUBSCRIBER NUMBER	SUBSCRIBER NAME	ID NUMBER	ACTIV REAS	EFFECTV DATE	MEDICAL	DENTAL	ER	TOTAL

PREVIOUS OPEN BILL	05/01/15	
BILLED AMOUNT		1590.94
PAYMENT 05/12/15		1,590.94-
BALANCE OF THIS PREVIOUS BILL		.00

ITEM CLOSED

- 1 Billing for this month and the date payment is due.
- 2 Membership and billing contact information.
- 3 Summary of previous billed amount, payment received, and any outstanding discrepancies.

Premium bill, page 2

KAISER PERMANENTE.
Kaiser Permanente
PO Box 34750
Seattle WA 98124-1750

For remittance options and other questions, see the back of this statement.

PREMIUM STATEMENT

PAYMENT IS DUE NO LATER THAN: 06/01/15

PAID TO: 07/01/15

DATE PREPARED: 05/10/15

MEMBERSHIP SERVICES
855-397-9499

GROUP NUMBER: [REDACTED]

SUBSCRIBER NUMBER	SUBSCRIBER NAME	ID NUMBER	ACTIV REASN	EFFCTV DATE	MEDICAL	DENTAL	ER	TOTAL PREMIUM
CURRENT BILL								
SUBSCRIBERS INCLUDED IN BILLING								
98765432	CONSUMER1	1	323456789		795.47			795.47
BILL TOTALS								795.47
SUBSCRIBER COUNT								1
CURRENT BILL								795.47
PRIOR PAYMENT ADJUST SUMMARY								
PRIOR UNPAID BALANCE								
TOTAL AMOUNT DUE								795.47

6

7

9

- 4 Subscribers' Kaiser Permanente ID numbers.
- 5 Subscribers' Social Security Numbers appear in this column. You may remove these.
- 6 Employees and premiums.
- 7 Premium total for this month.
- 8 Outstanding discrepancies in your account (as shown in previous month's reconciliation letter).
- 9 Total amount now due.

Paying your premiums

You are responsible for submitting monthly premium payments for each member per your current premium schedule. Payment must be received on or before the due date noted on the monthly billing statement. Kaiser Permanente allows a grace period of 10 days.

A self-addressed envelope is enclosed with your invoice. Please include the group number on the check and return with a copy of your monthly invoice. Use the respective mailing addresses or other payment options listed below:

Kaiser Foundation Health Plan of Washington

Via U.S. Mail:

KFHPWA
P.O. Box 740016
Los Angeles, CA 90074-0016

Via ACH/transfer:

Account name: KFHPWA
Account number: 1499029497
Bank: Bank of America
ABA (Routing) number: 121000358

Via wire transfer:

Account name: KFHPWA
Account number: 1499029497
Bank: Bank of America
ABA (Routing) number: 026009593

Kaiser Foundation Health Plan of Washington Options, Inc.

Via U.S. Mail:

KFHPWAO
PO Box 745899
Los Angeles, CA 90074-5899

Via ACH/transfer:

Account name: KFHPWAO
Account number: 1499801210
Bank: Bank of America
ABA (Routing) number: 121000358

Via wire transfer:

Account name: KFHPWAO
Account number: 1499801210
Bank: Bank of America
ABA (Routing) number: 026009593

When are payments due?

Payments are due on the first of each month. Please include a copy of your most recent bill with your payment. Prompt payment allows us to provide your employees with uninterrupted claims processing.

Changes to your premiums

Premiums are subject to change by Kaiser Permanente upon 30 days written notice. Premium rates will be revised as a part of the annual renewal process. In the event the group increases or decreases enrollment at least 25% or more, Kaiser Permanente reserves the right to require re-rating of the group.

Large group:* Understanding your reconciliation letter

Your reconciliation letter provides a summary of any unpaid balances left on your account after receiving your most recent payment. This amount is also shown on the last page of your bill. Prior unpaid balances do not reflect any payments received after the date the bill was prepared. The reconciliation letter also provides a breakdown of debits and credits for each member, along with outstanding discrepancies on your account. If you ever have any questions regarding your reconciliation letter, please contact membership and billing.



Termination for nonpayment of premiums

Kaiser Permanente reserves the right to retroactively terminate any group for:

DELINQUENCY A group is considered delinquent if payment has not been received within the 10-day grace period of the monthly premium due date. If you receive a delinquency notice or are terminated for delinquency, please contact Kaiser Permanente immediately using the contact information provided on the delinquency or termination letter.

NON-SUFFICIENT FUNDS (NSF) PAYMENTS A group that submits two or more checks to Kaiser Permanente that are returned for a reason of NSF within a 12 month time period shall be retroactively terminated to the last paid through date. A group terminated for NSF payments will not be reinstated.

Member appeals process

If Kaiser Permanente has notified a member in writing that a claim or request for services or supplies has been denied in whole or in part, the member may request a review of the appeal or denial. The member must call or write to Kaiser Permanente within 180 days after receiving notice of the denial.

Kaiser Permanente will send an acknowledgement letter and notification of the appeals process to the member. If the member's health could be jeopardized by waiting for a decision under the standard process, the member can request an expedited or urgent appeal. Kaiser Permanente will respond to expedited or urgent appeals within 72 hours of receipt of the request.

Compliance with law

The group and Kaiser Permanente shall comply with all applicable state and federal laws and regulations in performance of the group contract. The group contract is entered into and governed by the laws of Washington State, except as otherwise pre-empted by Employee Retirement Income Security Act (ERISA) and other federal laws.

COBRA continuation coverage under federal law

This applies only to groups that must offer continuation coverage under the applicable provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, and only applies to grant continuation of coverage rights to the extent required by federal law. Upon loss of eligibility, continuation of group coverage may be available to a member for a limited time after the member would otherwise lose eligibility, if required by COBRA. The group shall inform members of the COBRA election process and how much the member will be required to pay directly to the group. Continuation coverage under COBRA will terminate when a member becomes covered by Medicare or obtains other group coverage.

Dependents

The subscriber may enroll the following in accordance with the group contract:

- Spouse—subscriber's legal spouse or state-registered domestic partner.
- Children—dependent children under the age of 26.
- Disabled dependents—as set forth in the group contract (documentation is required).
- Domestic partner—non-state registered domestic partner subject to contract eligibility and requirements.

Effective date of coverage

The date coverage begins for:

- Newly eligible subscribers and listed dependents—newly eligible subscribers and listed dependents are added on the date eligibility requirements are met, as specified by the group.
- Newly dependent persons—newly dependent persons, other than newborns and adoptive children, are added on the date eligibility requirements are met, as specified by the group.
- Newborns—newborns are added on their date of birth.
- Newly adoptive children—newly adoptive children are added the date the adoptive child is placed with the subscriber for the purpose of adoption or the subscriber assumes total or partial financial support of the child.

Member

Any enrolled subscriber or dependent.

Get more information about the rights and responsibilities of employers under COBRA at <http://www.dol.gov>.

Newborns

If enrolling as a dependent, newborns are added on their date of birth. Temporary coverage is automatically granted from birth through three weeks of age.

Open enrollment

A predetermined period of time agreed upon by the group and Kaiser Permanente. During this period, Kaiser Permanente will allow enrollment of eligible employees or dependents who originally declined coverage when first becoming eligible. Current subscribers may also change benefit plans (if available) and add dependents, subject to contract terms and conditions.

Qualifying events

Common events that can trigger a special enrollment opportunity are listed below. Application for coverage must be made within 60 days from the qualifying event, except for certain events where large group requires application within 31 days of the qualifying event. These exceptions are noted below.

Qualifying event	Definition
Newly eligible employee	Newly hired, part-time to full-time, temporary to permanent, rehired, etc. Large group requires application within 31 days.
Marriage/ domestic partnership	Add spouse due to marriage or state-registered domestic partnership. Large group requires application within 31 days.
Birth	Add dependent(s) due to birth. Large group requires application within 31 days.
Adoption	Add dependent(s) due to adoption or placed for adoption. Large group requires application within 31 days.
Involuntary loss of coverage	Loss of other health care coverage due to cessation of employer contributions or loss of eligibility, except for cause. Large group requires application within 31 days.
COBRA	Exhaustion of COBRA continuation coverage. Large group requires application within 31 days.
Qualified medical child support orders	Copy of court order may be required.
Persons eligible for medical assistance	Eligible for medical assistance as requested in advance from the Department of Social and Health Services (DSHS) and provided the person is otherwise eligible for coverage. Coverage under a Medicaid or CHIP plan is terminated as a result of loss of eligibility for such coverage.
State or federal laws/regulations	Applicable state or federal law or regulations otherwise provide for special enrollment.

Special enrollment

For large groups, Kaiser Permanente allows special enrollment when a qualifying event occurs or for employees who:

Either initially declined enrollment when otherwise eligible because they had other health care coverage and have had that coverage terminated due to one of the following events:

- Cessation of employer contributions
- Exhaustion of COBRA continuation coverage
- Loss of eligibility, except for loss of eligibility for cause

Or initially declined enrollment when otherwise eligible because they had other health care coverage and have had such other coverage exhausted because such person reached a lifetime maximum limit.

Kaiser Permanente or the group may require confirmation that when initially offered coverage, the person submitted a written statement declining because of other coverage. Application for coverage under the agreement must be made within 31 days of the termination of previous coverage.

Subscriber

A person employed by or belonging to the group who meets all applicable eligibility requirements, and for whom the premium has been paid.

For employers and producers

Contact the business portal support team to get portal access and support for:

- Enrollment materials/brochures
- Group quotes
- Provider directories
- New group setup
- Contract administration
- Open enrollment
- Agent/producer changes

Email: employersite@kp.org

Call: **1-800-577-8252** or **206-448-2079**

Contact membership and billing for:

- Billing questions
- Eligibility questions

Complex/Self-Funded Accounts:

Call: **1-855-385-8688**

Email: KPWA.mbcomplexsf@kp.org

For correspondence only, not enrollment.

Large Group Accounts:

Call: **1-855-397-9499**

Email: KPWA.mblarge@kp.org

For correspondence only, not enrollment.

Small Business Accounts:

Call: **1-855-397-9599**

Email: KPWA.mbsmallbusiness@kp.org

For correspondence only, not enrollment.

All Enrollment Requests:

Email: KPWA.membership@kp.org

Enrollment changes:

Email: kpwa.membership@kp.org.

For members

Call Member Services for:

- Benefit questions
- Claims status and appeals
- Coordination of benefits
- Medicare medical coverage
- Prior group deductible credit
- Identification cards
- Outpatient fee quotes
- Preferred providers
- Network providers
- Selecting or changing a primary care physician

Western Washington **1-888-901-4636**

Eastern Washington **1-800-497-2210**

Other Kaiser Permanente contacts

Website

kp.org/wa

Mail-order pharmacy

1-800-245-7979

Fax 1-800-350-1683

Behavioral Health Services

1-888-287-2680

Notification Line

1-888-457-9516

(For admission to a non-Kaiser Permanente Washington hospital)

Travel Advisory Service

[1-800-562-6300](tel:1-800-562-6300), ext. **3488**

Mailing addresses

Send claims to:

Kaiser Permanente
P.O. Box 34585
Seattle, WA 98124-1585

Send appeals to:

Kaiser Permanente
ATTN: Manager, Consumer Appeals
P.O. Box 34593
Seattle, WA 98124-1585

Send premium payments to:

See addresses on [page 16](#).