Deductible & out-of-pocket crediting form

You must return this form **within 60 days of your group's effective date** to Kaiser Permanente or it will not be processed. Attach the latest copy of the Explanation of Benefits (EOB) showing amounts applied toward deductible and out-of-pocket from your previous carrier **for each family member** the employer is covering.

RETURN THE FORM TO: Nancy.J.Stmarie@kp.org and Sandra.M.Larkins@kp.org

DEDUCTIBLE & OUT-OF-POCKET CREDITING–EMPLOYEE

Employee name: _____ Social Security or member ID number: _____

I elect to credit $ _____ toward my $_____deductible.

I elect to credit $ _____ toward my $_____ out of pocket.

DEDUCTIBLE & OUT-OF-POCKET CREDITING–DEPENDENT(S)

Name:_____ Social Security or member ID number: _____

I elect to credit $ _____ toward my $_____deductible.

I elect to credit $ _____ toward my $_____ out of pocket.

Name:_____ Social Security or member ID number: _____

I elect to credit $ _____ toward my $_____deductible.

I elect to credit $ _____ toward my $_____ out of pocket.

Name:_____ Social Security or member ID number: _____

I elect to credit $ _____ toward my $_____deductible.

I elect to credit $ _____ toward my $_____ out of pocket.

Name of employer group: _____

Group number: _____ Effective date of the group: _____

Employee signature: _____ Date: _____

Please allow up to 60 days from the date you submit this form for the amount to be credited. If you have any questions or would like to check the status of the request, please call Kaiser Permanente Member Services toll-free at **1-888-901-4636** (TTY **711**). Family deductibles are not carried over. Out-of-pocket amounts are allowed for in-network only. If enrolling in an Access PPO or Summit PPO plan, you must individually elect which amount applies to in-network and to out-of-network deductible. Total dollar amount between both networks cannot exceed amount paid from previous carrier deductible. Kaiser Permanente refers to Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc.

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