





Proof of qualifying life event form

 <p>Who should use this form?</p>	<ul style="list-style-type: none"> Use this Proof of Qualifying Life Event Form to apply directly to Kaiser Permanente if you or a dependent has had a qualifying life event. In Colorado, you may use this form when applying directly to Kaiser Permanente or to Connect for Health Colorado. It can help you figure out which type of proof you'll need to provide for your qualifying event. <ul style="list-style-type: none"> Kaiser Permanente for Individuals and Families (KPIF) plan members should submit their proof along with the Account Change Form. People who aren't Kaiser Permanente for Individuals and Families (KPIF) plan members should submit their proof along with their Application for Health Care Coverage. A qualifying life event is a change in your life that lets you apply for health care coverage outside the annual open enrollment period. This is called a special enrollment period. Examples include getting married, having a baby, or losing coverage because you lost your job. Anyone entitled to Medicare Part A or enrolled in Medicare Part B can't enroll in individual and family plans. Do not continue to use this form. Visit kp.org/medicare to learn more about your Medicare plan options or apply for coverage.
 <p>How to use this form</p> <p>California, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington (Clark and Cowlitz counties)</p>	<ul style="list-style-type: none"> Fill out Steps 1, 2, and 3. Submit this form and proof of your qualifying event with your application or Account Change Form (if applicable). See "Submitting your proof" on page 13 for details. We must receive your proof within 10 calendar days from the date you submitted your application or Account Change Form, or before your special enrollment period ends, whichever comes first.
<p>Colorado</p>	<ul style="list-style-type: none"> Fill out Steps 1, 2, and 3. Submit this form and proof of your qualifying event with your application or Account Change Form (if applicable). See "Submitting your proof" on page 13 for details. If you don't submit the required proof, you'll receive a Request for Information Notice within 14 calendar days of submitting your application or Account Change Form. You'll need to submit the required proof within 30 calendar days of the date of the notice.
 <p>When to submit your proof</p> <p>California, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington (Clark and Cowlitz counties)</p>	<p>We must receive your proof within 10 calendar days from the date you submitted your application or Account Change Form or before your special enrollment period ends, whichever comes first.</p> <p>If we don't get your proof in time, we'll have to cancel your application or account change request. You may apply again if you're still within your special enrollment period.</p>
<p>Colorado</p>	<p>Include your proof with this form when you submit your application or Account Change Form. You'll need to submit proof to Kaiser Permanente whether you applied directly to us or to Connect for Health Colorado.</p> <p>If you don't submit the required proof, you'll receive a Request for Information Notice within 14 calendar days. You'll need to submit the required proof within 30 calendar days of the date of the notice.</p> <p>If we don't get your proof in time, we'll have to cancel your application or account change request. You may apply again if you're still within your special enrollment period.</p>
 <p>Need help?</p>	<p>Visit kp.org/speciaenrollment for more information. You can also call us at 1-800-494-5314 (for TTY, call 711), or contact your agent or broker/producer.</p>

Primary applicant name



STEP 1: Primary applicant information

Who is the primary applicant?

- In an individual plan, the primary applicant is the person who'll be covered by the health plan.
- In a family plan, the primary applicant is the family member on the health plan who's authorized to make changes to the account.
- In a child-only plan for a child under 18, the child is the primary applicant.

Please note: This isn't an application for health care coverage. To get health care coverage, you need to submit an application or Account Change Form.

First name

Social Security number (if any)

 - -

Last name

Phone

 - -

MI Application ID number (if you applied online)

Gender:

 Male Female

Date of birth (mm/dd/yyyy)

 / /

Health/medical record number (if any)

Home address (no P.O. boxes)

City

State

ZIP code

Parent/legal guardian (if primary applicant is under 18)

First name

Last name

Agent/broker/producer/KPIF representative (if any)

First name

Last name

Primary applicant name

STEP 2: Qualifying life event information

Qualifying life event number from Step 3

Date of qualifying event (mm/dd/yyyy)

For loss of health care coverage, the date of the qualifying event is the last full day you were covered under your old plan.

STEP 3: Proof of your qualifying life event

- Check one box for your qualifying event and one box for the proof you're sending (unless otherwise noted). Make sure the qualifying event and the type of proof apply to your state.
- Send one type of proof, unless otherwise noted.
- Send copies of official documents, not originals.
- Write this information about the primary applicant on the first page of your proof or on an attached page:
 - First and last name
 - Home address (no P.O. boxes)
 - Health/medical record number (if any)
 - Date of birth

Qualifying life event	Type of proof
<input type="checkbox"/> 1. Loss of health care coverage California, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington (Clark and Cowlitz counties)	Letter from your employer <ul style="list-style-type: none"><input type="checkbox"/> Letter or other document from your employer stating the employer dropped or will drop coverage or benefits for you, your spouse, or dependent family member and the date this coverage ended or will end.<input type="checkbox"/> Letter or document from your employer stating the employer stopped or will stop contributing to the cost of coverage and the date this contribution ended or will end.<input type="checkbox"/> Letter showing your employer's offer of COBRA coverage, including the effective date, or stating when your COBRA coverage ended or will end.<input type="checkbox"/> Pay stubs of current and previous hours if you lost coverage because of a reduction in work hours.<input type="checkbox"/> Proof of age and evidence of loss of coverage when a dependent child turns 26 and is no longer eligible to be covered under a parent's health plan.
Important: This is NOT a qualifying event if: <ul style="list-style-type: none">• You're losing coverage because you didn't pay your premiums.• Your plan was rescinded.• You had Medicare Part B coverage and don't have any other coverage.• You voluntarily ended your coverage.• You had temporary or short-term coverage like traveler's insurance.	Letter from your insurer or Medicaid, Medi-Cal, Medicare, or other government programs <ul style="list-style-type: none"><input type="checkbox"/> Letter from your health insurance company showing a coverage end date, including a COBRA coverage end date.<input type="checkbox"/> Letter from from your student health plan indicating when student health coverage ended or will end.<input type="checkbox"/> Letter or notice from Medicaid, Medi-Cal, or the Children's Health Insurance Program (CHIP) stating when Medicaid, Medi-Cal, or CHIP coverage ended or will end.<input type="checkbox"/> Letter or notice from a government program, like TRICARE, Peace Corps, AmeriCorps, or Medicare, stating when that coverage ended or will end.<input type="checkbox"/> Dated and signed written verification from an agent/broker/producer or dated letter from the insurer, if you are or were enrolled in a non-calendar-year plan that's ending, including the date the plan ended.
	Other <ul style="list-style-type: none"><input type="checkbox"/> Dated military discharge papers or Certificate of Release, including the date coverage ended or will end, if you're losing coverage because you're no longer on active military duty.

Primary applicant name

STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<p>Loss of health care coverage <i>(continued)</i></p> <p>Colorado</p> <p>Important: This is NOT a qualifying event if:</p> <ul style="list-style-type: none">• You're losing coverage because you didn't pay your premiums.• Your plan was rescinded.• You had Medicare Part B coverage and don't have any other coverage.• You voluntarily ended your coverage.• You had temporary or short-term coverage like traveler's insurance.	<p>Letter from your employer</p> <ul style="list-style-type: none"><input type="checkbox"/> Letter or other document from your employer stating the employer dropped or will drop coverage or benefits for you, your spouse, or dependent family member and the date this coverage ended or will end.<input type="checkbox"/> Letter or document from your employer stating the employer stopped or will stop contributing to the cost of coverage and the date this contribution ended or will end.<input type="checkbox"/> Letter showing your employer's offer of COBRA coverage, including the start date, or stating when your COBRA coverage ended or will end.<input type="checkbox"/> Proof of age and evidence of loss of coverage when a dependent child turns 26 and is no longer eligible to be covered under a parent's health plan. <p>Letter from your insurer or Medicaid, Medi-Cal, Medicare, or other government programs</p> <ul style="list-style-type: none"><input type="checkbox"/> Letter from your health insurance company showing a coverage end date, including COBRA coverage end date.<input type="checkbox"/> Letter from the Division of Insurance confirming your loss of health coverage.
<p><input type="checkbox"/> 2. Gaining or becoming a dependent through marriage</p> <p>Check 2 boxes total.</p> <p>Georgia, Hawaii, Virginia</p> <p>You have to submit proof of prior coverage for one spouse for at least one full day unless you were living in an area where no qualified health plan was offered through your Marketplace. Your state's Marketplace can tell you if no qualified health plan was available. You may send a screenshot from the Marketplace website or other documentation the Marketplace provides.</p>	<p>Provide one of these:</p> <p>Proof of minimum essential coverage for one spouse for at least one full day in the last 60 days from your old insurer (applicants within the U.S. only):</p> <ul style="list-style-type: none"><input type="checkbox"/> Paid premium invoice proving coverage within the last 60 days.<input type="checkbox"/> Employer benefit record proving coverage within the last 60 days. <p>And provide one of these:</p> <ul style="list-style-type: none"><input type="checkbox"/> Marriage certificate/license showing the date of the marriage.<input type="checkbox"/> Official government record of the marriage, including a foreign record of marriage showing the date of the marriage.

Primary applicant name

STEP 3: Proof of your qualifying life event *(continued)*

Gaining or becoming a dependent through marriage or domestic partnership

(continued)

Check 2 boxes total.

California, Maryland, Oregon, Washington (Clark and Cowlitz counties)

You have to submit proof of prior coverage for one spouse for at least one full day unless you were living in an area where no qualified health plan was offered through your Marketplace. Your state's Marketplace can tell you if no qualified health plan was available. You may send a screenshot from the Marketplace website or other documentation the Marketplace provides.

Provide one of these:

Proof of minimum essential coverage for one spouse for at least one full day in the last 60 days from your old insurer (applicants within the U.S. only):

- Paid premium invoice proving coverage within the last 60 days.
- Employer benefit record proving coverage within the last 60 days.

And provide:

- Marriage certificate/license showing the date of the marriage.
- Official government record of the marriage, including a foreign record of marriage showing the date of the marriage.
- Official government record, including date of domestic partnership registration.

Gaining or becoming a dependent through marriage or civil union

Check 2 boxes total.

Colorado

You have to submit proof of prior coverage for one spouse for at least one full day unless you were living in an area where no qualified health plan was offered through your Marketplace. Your state's Marketplace can tell you if no qualified health plan was available. You may send a screenshot from the Marketplace website or other documentation the Marketplace provides.

Provide one of these:

Proof of minimum essential coverage for one spouse for at least one full day in the last 60 days from your old insurer (applicants within the U.S. only):

- Paid premium invoice proving coverage within the last 60 days.
- Employer benefit record proving coverage within the last 60 days.

And provide one of these:

- Marriage certificate/license showing the date of the marriage.
- Official government record, including date of civil union registration.

Primary applicant name

STEP 3: Proof of your qualifying life event *(continued)*

3. Gaining or becoming a dependent through the birth of a child, adoption, foster care, or placement for adoption or foster care

California, Georgia,
Hawaii, Maryland,
Oregon, Virginia,
Washington (Clark
and Cowlitz counties)

Birth of a child

- Birth certificate or application for a birth certificate for the child.
- Record from a clinic, hospital, doctor, midwife, institution, or other provider stating the child's date of birth.
- Military record showing the child's birth date and place of birth.
- Official government record of a foreign birth certificate showing the child's birth date and place of birth.
- Religious record showing the child's birth date and place of birth.
- Letter or other document from the health insurance company, like an Explanation of Benefits, showing that services related to birth or after-birth care were given to the child, the mother, or both, including the dates of service.

Adoption or foster care

- Adoption letter or record showing date of adoption, dated and signed by a court official.
- Court order showing when the order started. It must have a filing date stamp.
- Official government record of a domestic adoption, or placement for adoption or foster care, showing the child's birth date and place of birth.
- U.S. Department of Homeland Security immigration document for foreign adoptions, including the date of the adoptions.
- Medical support court order. It must have a filing date stamp.
- Foster care papers dated and signed by a court official.

Colorado

Birth of a child

- Birth certificate or application for a birth certificate for the child.

Adoption or foster care

- Adoption letter or record showing date of adoption, dated and signed by a court official.
- Court order showing when the order started. It must have a filing date stamp.
- Official government record of a domestic adoption, or placement for adoption or foster care, showing the child's birth date and place of birth.
- U.S. Department of Homeland Security immigration document for foreign adoptions, including the date of the adoptions.
- Medical support court order. It must have a filing date stamp.
- Foster care papers dated and signed by a court official.

Primary applicant name

STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<input type="checkbox"/> 4. Child support order or other court order to cover a child Georgia, Hawaii, Maryland, Oregon, Virginia, Washington (Clark and Cowlitz counties)	<input type="checkbox"/> Signed court order with court filing date stamp.
Child support order or other court order to cover a dependent California	<input type="checkbox"/> Signed court order with court filing date stamp.
Colorado	<input type="checkbox"/> Signed court order with court filing date stamp or dated Designated Beneficiary Agreement.

Primary applicant name

STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<p><input type="checkbox"/> 5. Permanent relocation</p> <p>California, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington (Clark and Cowlitz counties)</p> <div data-bbox="97 520 440 1262" style="background-color: #e0f2f7; padding: 10px;"><p>Choose Permanent Relocation, if one of the following applies to you:</p><ul style="list-style-type: none">• You moved from a non-Kaiser Permanente area to a Kaiser Permanente area.• You moved to a new state.• You moved from a foreign country or a United States territory.• You moved from a county that did not offer a qualified health plan.*</div> <p>*You have to submit proof of prior coverage for all applicants from your old insurer for at least one full day unless you were living in an area where no qualified health plan was offered through your Marketplace. Your state's Marketplace can tell you if no qualified health plan was available. You may send a screenshot from the Marketplace website or other documentation the Marketplace provides.</p>	<p>Provide one of these:</p> <p>Proof of minimum essential coverage for all applicants from your old insurer for at least one full day in the last 60 days (applicants moving within the U.S. only).</p> <ul style="list-style-type: none"><input type="checkbox"/> Paid premium invoice proving coverage within the last 60 days.<input type="checkbox"/> Employer benefit record proving coverage within the last 60 days. <p>And provide any of these – one with your old residential address and one with your new residential address (no P.O. boxes):</p> <ul style="list-style-type: none"><input type="checkbox"/> Lease or rental agreement.<input type="checkbox"/> Insurance documents, like homeowner's, renter's, or life insurance policy or statement.<input type="checkbox"/> Mortgage deed, if it states the owner uses the property as the primary residence.<input type="checkbox"/> Mortgage or rental payment receipt.<input type="checkbox"/> Mail from the Department of Motor Vehicles, like a valid driver's license, vehicle registration, or change of address card.<input type="checkbox"/> Mail from a government agency to your address, like a Social Security statement, or a notice from Temporary Assistance for Needy Families or Supplemental Nutrition Assistance Program.<input type="checkbox"/> Your valid state ID.<input type="checkbox"/> Internet, cable, or other utility bill (including any public utility like a gas or water bill) or other confirmation of service (including a utility hookup or work order).<input type="checkbox"/> Telephone bill showing your address (cellphone or wireless bills are OK).<input type="checkbox"/> Mail from a financial institution, like a bank statement.<input type="checkbox"/> U.S. Postal Service change of address confirmation letter.<input type="checkbox"/> Pay stub showing your address.<input type="checkbox"/> Voter registration card showing your name and address.<input type="checkbox"/> Documents from the Department of Corrections, jail, or prison showing recent release or parole, including a dated order of parole, dated order of release, or an address certification.<input type="checkbox"/> Naturalization papers signed and dated within the last 60 days or green card, Education Certificate, or visa (if you moved to the U.S. from another country).

Primary applicant name

STEP 3: Proof of your qualifying life event *(continued)*

Permanent relocation

(continued)

Colorado

Choose **Permanent Relocation**, if one of the following applies to you:

- You moved from a non-Kaiser Permanente area to a Kaiser Permanente area.
- You moved to a new state.
- You moved from a foreign country or a United States territory.
- You moved from a county that did not offer a qualified health plan.*

*You have to submit proof of prior coverage for all applicants from your old insurer for at least one full day unless you were living in an area where no qualified health plan was offered through your Marketplace. Your state's Marketplace can tell you if no qualified health plan was available. You may send a screenshot from the Marketplace website or other documentation the Marketplace provides.

Provide one of these:

Proof of minimum essential coverage for all applicants from your old insurer for at least one full day in the last 60 days (applicants moving within the U.S. only).

- Paid premium invoice proving coverage within the last 60 days.
- Employer benefit record proving coverage within the last 60 days.

And provide any of these – one with your old residential address and one with your new residential address (no P.O. boxes):

- Lease or rental agreement.
- Mortgage deed, if it states the owner uses the property as the primary residence.
- Valid driver's license from the Department of Motor Vehicles.
- Internet, cable, or other utility bill (including any public utility like a gas or water bill) or other confirmation of service (including a utility hookup or work order).
- Telephone bill showing your address (cellphone or wireless bills are OK).
- U.S. Postal Service change of address confirmation letter.

Primary applicant name

STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<p><input type="checkbox"/> 6. Change in eligibility for federal financial assistance through the Health Insurance Marketplace California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington (Clark and Cowlitz counties)</p>	<p><input type="checkbox"/> Most recent eligibility determination from the Marketplace showing determination date.</p>
<p><input type="checkbox"/> 7. Change in eligibility for employer health coverage California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington (Clark and Cowlitz counties)</p> <p>You're now eligible for a premium tax credit because your coverage through your employer has changed.</p>	<p><input type="checkbox"/> Letter from employer stating change in minimum essential health coverage and showing determination date.</p> <p><input type="checkbox"/> Letter or other document from your employer stating the employer changed or will change coverage or benefits for you or for your spouse or dependent family member, so it's no longer considered qualifying health coverage, and the date this coverage or benefits changed or will change.</p>
<p><input type="checkbox"/> 8. Determination by the Health Insurance Marketplace California, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington (Clark and Cowlitz counties)</p>	<p><input type="checkbox"/> Letter or notice from the Marketplace stating you're eligible for a special enrollment period and showing determination date.</p>

Primary applicant name

STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<input type="checkbox"/> 9. Losing a dependent through divorce, dissolution of domestic partnership, or legal separation California, Maryland	<input type="checkbox"/> Divorce decree, dissolution agreement, or separation agreement with court filing date stamp.
Losing a dependent through divorce, civil union registration, or legal separation Colorado	<input type="checkbox"/> Divorce decree, dissolution agreement, or separation agreement with court filing date stamp.
<input type="checkbox"/> 10. Death of the subscriber or dependent California, Maryland	<input type="checkbox"/> Death certificate.
Colorado	<input type="checkbox"/> Death certificate or obituary.
<input type="checkbox"/> 11. Release from incarceration California, Colorado	<input type="checkbox"/> Documents from the Department of Corrections, jail, or prison showing recent release or parole, including a dated order of parole, dated order of release, or an address certification.
<input type="checkbox"/> 12. Misinformation about coverage California	<input type="checkbox"/> Notice from the Marketplace stating you're eligible for a special enrollment period and showing determination date.
<input type="checkbox"/> 13. Provider network changes California	<input type="checkbox"/> Notice from provider stating you're eligible for a special enrollment period and showing determination date.
<input type="checkbox"/> 14. Contract violation Colorado	<input type="checkbox"/> Written confirmation, with date, from the Division of Insurance that the health plan in which you're enrolled has substantially violated a material provision of your contract.
<input type="checkbox"/> 15. Domestic violence or spousal abandonment Colorado	<input type="checkbox"/> Restraining order with a date stamp.
<input type="checkbox"/> 16. Change in immigration status* Colorado – you must apply through the Health Insurance Marketplace	<input type="checkbox"/> Official documentation of a change in citizenship or immigration status.

*For Colorado, Kaiser Permanente is collecting proof for Marketplace qualifying life events.

Primary applicant name

STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<input type="checkbox"/> 17. Coverage as American Indian/Native Alaskan* Colorado – you must apply through the Health Insurance Marketplace	<input type="checkbox"/> Official documentation showing your status.
<input type="checkbox"/> 18. Determination by the Department of Insurance Commissioner Colorado	<input type="checkbox"/> Letter or notice from the Department of Insurance Commissioner stating you're eligible for a special enrollment period and showing determination date.

By submitting a signed application or Account Change Form and proof of your qualifying life event, you're saying that the qualifying life event happened. It's important that we get proof of your qualifying life event. We will rely on your signature and proof to decide if you can enroll during a special enrollment period. If we determine that the qualifying life event didn't happen, or we learn of any other inaccuracy in the information that is included in the application, Account Change Form or any other information that you submit, we may take legal action. The legal action may include but is not limited to canceling your coverage retroactively to the day it started. You may also be responsible for the full charges of any services that you received.

*For Colorado, Kaiser Permanente is collecting proof for Marketplace qualifying life events.

Submitting your proof

How are you applying?

- **If you're applying online:** Sign in at buykp.org and upload your proof. You don't need to upload this form.
- **If you're applying by mail or fax:** Use the information on this page to send your proof and this form to the address or fax number for your area.

Please note: Only use this form if you're applying for coverage directly from Kaiser Permanente, or if you applied for coverage directly from Kaiser Permanente and are making a change.

Send application and proof along with this form:

By mail

California, Colorado, Georgia, Hawaii, Oregon, and Washington (Clark and Cowlitz counties):

Kaiser Permanente for Individuals and Families
P.O. Box 23219
San Diego, CA 92193-9921

Maryland and Virginia:

Employer Services Dept./KPIF 5W
Kaiser Permanente for Individuals and Families
2101 East Jefferson St.
Rockville, MD 20852-9995

By fax

California	1-866-816-5139
Colorado.....	1-866-920-6471
Georgia.....	1-866-920-6476
Hawaii	1-866-920-6470
Maryland and Virginia.....	1-855-414-2796
Oregon	1-866-920-6473
Washington (Clark and Cowlitz counties).....	1-866-920-6475

**To get an Account Change Form, call
1-800-494-5314 (TTY 711).**

Send Account Change Form and proof along with this form:

By mail

California:

Kaiser Permanente for Individuals and Families
P.O. Box 23127
San Diego, CA 92193-9921

Colorado:

Kaiser Permanente for Individuals and Families
P.O. Box 203004
Denver, CO 80220-9004

Georgia:

Kaiser Permanente for Individuals and Families
P.O. Box 203005
Denver, CO 80220-9005

Hawaii:

Kaiser Permanente for Individuals and Families
P.O. Box 203006
Denver, CO 80220-9006

Maryland and Virginia:

Employer Services Dept./KPIF 5W
Kaiser Permanente for Individuals and Families
2101 East Jefferson St.
Rockville, MD 20852-9995

Oregon and Washington (Clark and Cowlitz counties):

Kaiser Permanente for Individuals and Families
P.O. Box 203007
Denver, CO 80220-9007

By fax

California	1-858-614-3344
Colorado, Georgia, Hawaii, Oregon, and Washington (Clark and Cowlitz counties).....	1-866-846-2650
Maryland and Virginia.....	1-855-414-2796

In California, KFHP plans are offered and underwritten by Kaiser Foundation Health Plan, Inc., One Kaiser Plaza, Oakland, CA 94612

- In Colorado, all plans are offered and underwritten by Kaiser Foundation Health Plan of Colorado, 10350 E. Dakota Ave., Denver, CO 80247
- In Georgia, all plans are offered and underwritten by Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Rd. NE, Atlanta, GA 30305
- In Hawaii, all plans are offered and underwritten by Kaiser Foundation Health Plan, Inc., 711 Kapiolani Blvd., Honolulu, HI 96813
- In Oregon and southwest Washington (Clark and Cowlitz counties), all plans are offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232
- In Washington (except Clark, Cowlitz, and certain other counties), all plans are offered and underwritten by Kaiser Foundation Health Plan of Washington, 601 Union St., Suite 3100, Seattle, WA 98101
- In Maryland, Virginia, and the District of Columbia, all plans are offered and underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., 2101 E. Jefferson St., Rockville, MD 20852.