

# EMPLOYEE BENEFITS FORMS



## TACTRIX, INC. QUICK REFERENCE CONTACT SHEET

Kaiser Permanente  
Effective July 1  
Group Administrator-  
Colby Boles



### BENEFITS

50 Copay Plan ([SBC](#))  
Effective 1st day of hire  
\$500 Employer contribution for  
employee coverage only

[Deductible HMO Plan Highlights](#)

[How your Deductible HMO plan works](#)

[Cost of Services Estimate Tool](#)

*click the buttons*

### MEMBER FORMS

Employee Application ([view](#))  
Employee Waiver ([view](#))  
HIPAA Authorization ([view](#))  
Domestic Partnership ([view](#))  
Temporary Member ID ([view](#))

[View bill tips](#)

[Terminate coverage tips](#)

[Enroll employee tips](#)

[Preventive Care Services Flyer](#)

[Member Discounts](#)

*click the buttons*

### EMPLOYER FORMS

Group Employee Information  
Change Form ([view](#))

### CONTACT INFORMATION

Main Customer Service..... 800-224-0336  
To Make Payment ..... 800-224-0336  
Member Customer Service..... 800-464-4000  
(24/7 call center hours)

POLICY # 700766

