KAISER PERMANENTE®

Agent/Broker/Representative Attestation Form

Please complete, sign, and return a copy of this form for each application submitted to Kaiser Permanente.

- Email: kpif@kp.org
- Fax:1-866-281-1299Attention: Kaiser Permanente Individual and Family Plans Broker Sales Department
- Mail: Kaiser Permanente Individual and Family Plans 3100 Thornton Ave. Burbank, CA 91504 Attention: Broker Sales

Notice to agent, broker, or representative: If you have assisted the applicant in submitting the application, the law requires that you attest to this assistance. If, in making this attestation, you state as true any material fact you know to be false, you will be subject to a civil penalty of up to ten thousand dollars (\$10,000), as authorized under California Health and Safety Code section 1389.8(c) or Insurance Code section 10119.3, in addition to any other applicable penalties or remedies available under current law.

You must answer the following question by selecting Yes or No:

I assisted the applicant in submitting this application. To the best of my knowledge, the information on this application is complete and accurate. I explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information, and the applicant understood the explanation.

🗆 Yes 🛛 🗅 No

X_____

Agent/Broker/Representative signature (Use ink only.) Name of agent/broker/representative (Please print.)			Today's date
			-
Kaiser Permanente-appo	inted broker identificatior	n number	-
Address			-
City	State	ZIP	-
Phone	Fax		-
Email address			-
Name of primary applicar	nt		-

Approximate date of submission

KP-KIF-A.1(R)

Applicant's date of birth