

## 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: **1-866-281-1299** 

Attention: 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.)			Today's date
Name of agent/broker/r	epresentative (Please print.	)	
Kaiser Permanente–app	ointed broker identification	number	
Address			
City	State	ZIP	
Phone	Fax		
Email address			
Name of primary applica	ant		
Applicant's date of high	Approximate date	of submission	

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