

## 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](mailto: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/representative (Please print.)

\_\_\_\_\_  
Kaiser Permanente-appointed broker identification number

\_\_\_\_\_  
Address

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
City    State    ZIP

\_\_\_\_\_  
Phone    Fax

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Name of primary applicant

\_\_\_\_\_  
Applicant's date of birth    Approximate date of submission