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

Kevin Knauss
Name of agent/broker/representative (Please print.)

317408
Kaiser Permanente–appointed broker identification number

8712 Pendleton Drive
Address

Granite Bay | CA | 95746
City | State | ZIP

916-521-7216
Phone | Fax

kevin@insuremekevin.com
Email address

_____
Name of primary applicant

_____
Applicant's date of birth Approximate date of submission