



KAISER PERMANENTE®

Broker Information Sheet

Agency Name _____

Agency Mailing Address _____

Agency Telephone Number _____

Agency Tax ID Number _____

Agency License Number(s) **VA:** _____

DC: _____

MD: _____

Commission Statement Email Address _____

Agency Contact Name
(Primary Licensed Agent) _____

Agency Contact Email Address _____

Broker Name _____

Broker Address _____

Broker Social Security Number _____

Broker Telephone Number _____

Broker E-mail _____

Broker NPN # _____

License Number(s) **VA:** _____

DC: _____

MD: _____

State(s) you wish to be appointed with _____

Compensation is contingent upon receipt of all required documents.
Complete form and email or fax to:
Kaiser Permanente
Broker Shared Service Center
BrokerSupport-MAS@kp.org