

Broker of Record letter

Date: _____

KPIF Sales and Broker Relations
Fax: 866-281-1299
Email: kpif@kp.org
Attention: Broker Services Team

Dear Broker Services:

I would like to appoint _____ as my broker.

Broker ID #: _____

Broker Phone #: _____

Broker email address: _____

Applicant/Member information:

Print name: _____

Signature: _____

Date of Birth: _____

Medical Record #: _____

Application # (optional): _____

Child Only Applicant Name (if applicable): _____

Please note: this broker of record letter is only for off-exchange members