



Mid-Atlantic States Broker of Record Authorization Form

This form should be used for all Broker, General Agent (GA) and/or Third Party Administrator (TPA) change requests.

Note to brokers: Please submit this completed form to Kaiser Permanente’s Broker Shared Services Center at brokersupport-mas@kp.org. Any questions about the BOR process or status can be directed to the Broker Shared Services Center at brokersupport-mas@kp.org or via phone at 844-268-2943.

We, the undersigned group, hereby request to designate the insurance broker named below as our authorized insurance broker/consultant for Kaiser Foundation Health Plans. By submitting this request, we authorize you to provide our group plan information to our designated broker/consultant so that s/he may conduct business on our behalf (this information includes, but is not limited to, our group plan agreement, rates, benefit and payment information).

Employer Group Contact Information

Group Name
Group Number
Effective Date of New Broker
Group Contact Name
Group Contact Title
Group Contact Signature
Date

Broker Contact Information

Broker Agent Name
Broker National Producer Number
Broker Agency Name
Broker Address
Broker Signature
Date

General Agent (GA) of Record*

(for enrollment and administrative functions)

Agency Name
Agency Address

Check Here* if this party will also be performing Third Party Administrator (TPA) functions (*Billing, enrollment and administrative functions*)

****Fill out GA and TPA of Record sections if applicable.***

Additional Information:

The effective date for commissions to be paid on Broker, General Agent and TPA of Record change requests will be the first day of the month following 30 days of the receipt of a completed BOR Authorization Form by Health Plan’s Broker Shared Services Center.

ONLY FULLY APPOINTED KAISER PERMANENTE BROKERS ARE ENTITLED to receive commissions in conjunction with the placement, installation and/or servicing of our insurance contract/agreement.