

AGENT OF RECORD AUTHORIZATION FORM



SUBSCRIBER INFORMATION

I (the subscriber) authorize the insurance agent/producer listed below to share enrollment, disenrollment, and summary plan information specific to the applicant with the insurance carrier.

Date

Health Record Number

Subscriber Name

Subscriber Signature

AGENT/PRODUCER INFORMATION

KP Agent Number

KP Agency Number

Agent Name

Agency Name

Agent Signature

This change shall remain in effect until further written notice from me. This letter rescinds any and all other appointments.

Employee Benefits Corporation of America (EBCA) should be noted as the General Agent.