



Colorado Broker of Record Authorization Form

Please submit this completed form by e-mail or fax to

Kaiser Permanente Distribution Channels & Broker Relations Department (Licensing & Commissions)
 at **CO-BrokerComp@kp.org** or Fax **303-496-0761**

For additional information or assistance contact the Commission's Department at **303-306-2547**

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).

This letter supersedes any agreements previously issued by our company to Kaiser Foundation Health Plan, Inc. This authorization shall remain in effect until such time as it is rescinded in writing.

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

Employer Group Contact Information		Broker Contact Information	
Group name		Date of request	
Group number		Vendor number	NPN number
Group phone number	Group fax number	Broker phone number	Broker fax number
Group e-mail address		Broker e-mail address	
Group contact signature		Broker signature	
Group contact printed name		Broker printed name	
Group contact title		Broker agency name	
Broker commission rate	Method	Kaiser Permanente account executive name	

Please complete all fields (e-mail address is required for confirmation)

Once the signed BOR is received, the effective date will be the first day of the month following receipt of the BOR. Commissions will be paid only to brokers who are appointed with Kaiser Permanente. Commission payments can only be made after appointment is complete and no payment will be made in arrears.

Kaiser Permanente Office Use Only			
Received by		Date	Signed
Effective date		Existing vendor	
New vendor		Existing vendor number	
New vendor number		<input type="checkbox"/> MSGU <input type="checkbox"/> MSSU <input type="checkbox"/> KPSC	
Large group broker commission rate		Contact previous vendor <input type="checkbox"/>	<input type="checkbox"/> LG / <input type="checkbox"/> SG
% change? <input type="checkbox"/> Y or <input type="checkbox"/> N	<input type="checkbox"/> LG / <input type="checkbox"/> SG	Contact new vendor <input type="checkbox"/>	
Date to Membership Admin.		Callidus <input type="checkbox"/>	