

Mid-Atlantic States Broker of Record Change 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 Change 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.