

Producer of Record Request Form

Individual and Family and Medicare producers, please ask your client to type or print clearly, and provide all information to the best of his or her ability. Please note, if you have multiple appointments or affiliations, you will need to identify the specific agency the business should be assigned to. All Producer of Record changes will be processed in the month received and effective the first of the month following unless otherwise indicated.

Requested effective date: _____ Plan name: _____

Name: _____ Member ID number: _____

Member/subscriber mailing address: _____

Social Security number (optional): _____

Signature (of subscriber): _____ Signature date: _____

I wish to appoint the following producer to my Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. contract:

Producer name: _____ KPWA Producer/Broker ID: _____

Agency/house name: _____ Agency/house number: _____

Producer mailing address: _____

Producer phone number: _____

Please complete and return this form:



Fax 206-877-0655



**Email ifsales@kp.org for Individual and Family
KPWA.medicare@kp.org for Medicare**

NOTE: Producer of Record forms transmitted via email must be encrypted to comply with HIPAA guidance.