WASHINGTON REGION

Master Application for Producer Appointment

To be appointed with Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc., this form must be completed, signed, and returned. Return the form to Kaiser Foundation Health Plan of Washington, Producer Operations, 320 Westlake Ave. N. Suite 100, Seattle, WA 98109 or fax to **206-877-0692** or email to **brokerappt.commission@ghc.org.**

It is illegal in the state of Washington to act on behalf of a health carrier as a producer without a license and appointment. Licensed producer agencies need not receive an appointment for each affiliated producer. The appointment of the producer agency is sufficient, provided that only duly licensed individuals are affiliated with the agency. Producers not working as employees of a duly licensed producer agency must be individually appointed. For more information call 206-448-4384 or toll-free 1-800-337-3196, and select option 1.

1. You are applying for appointment as an

☐ **INDEPENDENT PRODUCER** or

☐ **AGENCY** If so, please indicate the location:

☐ Main Office

☐ Branch Office

2. Type of business (please check all that apply):

☐ **Individual and Family** ☐ **Small Group (1–50)** ☐ **Large Group (51+)** ☐ **Medicare Advantage**

3. Producer's name as it appears on the license. Please attach a copy of the Washington producer license.

_____

4. Mailing address: _____

_____

5. Physical address* if different from above: _____

_____

* **NOTE:** a physical address is required if a P.O. Box is provided for mailing.

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6. Please provide a contact name and number for correspondence and questions:

Name: _____ Title: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

7. Producer's Social Security or Employer Identification number: _____

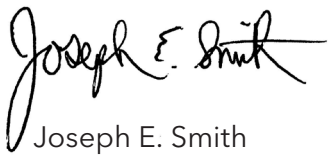
8. By signing and returning this document, the applicant affirmatively acknowledges all of the information provided within this application and certifies that all of the information provided by applicant is accurate and complete.

Name of applicant or representative: _____

Title: _____

Signature: _____ Date _____

No producer has the authority to 1) guarantee that Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. will accept an application for health coverage; or 2) contract on behalf of Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington, Options, Inc.



Joseph E. Smith
Title: Vice President, Marketing,
Sales and Business Development

Affiliated Producers

Note: Independent producers do not need to complete this page.

Please use this form to name all the producers affiliated with your agency who you'd like to list with Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. Any producer you name here must be licensed and properly affiliated with your agency by the Washington State Office of the Insurance Commissioner.

FIRST NAME	LAST NAME	JOB TITLE	EMAIL ADDRESS

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