



Individual & Family Plans

## **Broker of Record letter**

Date: \_\_\_\_\_

KPIF Sales and Broker Relations  
Fax: 866-281-1299  
Email: [kpif@kp.org](mailto:kpif@kp.org)  
**Attention: Broker Services Team**

Dear Broker Services:

I would like to appoint Steve Shorr Insurance as my broker.

Broker ID #: 5268

Broker Phone #: 310.519.1335

Broker email address: Steve@SteveShorr.com

### **Applicant/Member information:**

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

Application # (optional): \_\_\_\_\_

Child Only Applicant Name (if applicable): \_\_\_\_\_

Please note: this broker of record letter is **only for off-exchange members**