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**BROKER APPLICATION ADDENDUM**

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**Use a separate sheet if necessary.**

1. Full Name (First, Middle, Last) \_\_\_\_\_ Salutation (Mr., Ms., Mrs.) \_\_\_\_\_  
Title \_\_\_\_\_ Phone/Fax \_\_\_\_\_  
Email Address: \_\_\_\_\_  
SSN \_\_\_\_\_ HI License # \_\_\_\_\_

2. Full Name (First, Middle, Last) \_\_\_\_\_ Salutation (Mr., Ms., Mrs.) \_\_\_\_\_  
Title \_\_\_\_\_ Phone/Fax \_\_\_\_\_  
Email Address: \_\_\_\_\_  
SSN \_\_\_\_\_ HI License # \_\_\_\_\_

3. Full Name (First, Middle, Last) \_\_\_\_\_ Salutation (Mr., Ms., Mrs.) \_\_\_\_\_  
Title \_\_\_\_\_ Phone/Fax \_\_\_\_\_  
Email Address: \_\_\_\_\_  
SSN \_\_\_\_\_ HI License # \_\_\_\_\_

4. Full Name (First, Middle, Last) \_\_\_\_\_ Salutation (Mr., Ms., Mrs.) \_\_\_\_\_  
Title \_\_\_\_\_ Phone/Fax \_\_\_\_\_  
Email Address: \_\_\_\_\_  
SSN \_\_\_\_\_ HI License # \_\_\_\_\_

This information is **STRICTLY CONFIDENTIAL** and will be used only by Kaiser Foundation Health Plan, Inc. of Hawaii to evaluate your qualifications to become an appointed broker with us. Kaiser Foundation Health Plan, Inc. of Hawaii reserves the right to decline your application

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Print Agency Representative Name

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Signature and Date

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Title

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Broker Firm Name

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David R Tumilowicz,  
*Director of Sales Operations*  
Kaiser Permanente Hawaii