



**KAISER PERMANENTE
ATTESTATION
BROKER CODE OF CONDUCT**

Dear Broker Partner,

Please sign and date this attestation to acknowledge that you have read and agree to the Kaiser Permanente "Broker Code of Conduct", and will abide by all standards outlined.

Thank you for partnering with Kaiser Permanente Hawaii's Broker Program!

Please print your name: _____

Please print your broker agency's name: _____

Signature: _____ Date: _____