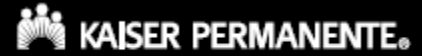


AGENT OF RECORD AUTHORIZATION FORM



SUBSCRIBER INFORMATION

I (the subscriber) authorize the insurance agent/producer listed below to share enrollment, disenrollment, and summary plan information specific to the applicant with the insurance carrier.

Date

Health Record Number

Subscriber Name

Subscriber Signature

AGENT/PRODUCER INFORMATION

KP Agent Number

KP Agency Number

Agent Name

Agency Name

Agent Signature