

## Appointment for Agent of Record

I hereby appoint Karen Kane as Agent of Record, effective immediately for purposes of arranging and servicing my Providence Health Plan insurance coverage for me and/or my family. This appointment rescinds all previous appointments and shall remain in effect until termination by either party.

Reason/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Providence Health Plan  
Policy No. or Member ID

Karen Kane  
Agent Signature

\_\_\_\_\_  
Date

#133034  
Providence Health Plan Agent No.