



Attention: 5500 Central Team  
3840 Murphy Canyon Road  
San Diego, CA 92123

SYLVAN UNION SCHOOL DISTRICT  
SHARON RODDICK  
605 SYLVAN AVE  
MODESTO, CA 95350-1517

CONTRACT SIGNER COPY  
02/19/2018

Re: California Broker Compensation Disclosure Report for SYLVAN UNION SCHOOL DISTRICT

Reporting Period: 01/2017 - 12/2017

California law now requires health plans and insurers to annually disclose broker compensation information to the governing boards of public agency employer groups. Enclosed is your first Broker Compensation Disclosure Report. Information reported includes broker compensation related to your public agency's Kaiser Permanente health plan contract and its group policies, if any, with Kaiser Permanente Insurance Company (KPIC). Along with the report, you'll find a Q&A to help answer questions about the new law. A copy of the report will be mailed to the corresponding brokers as well.

This report is considered informational, and you are not required to take any action. You may choose to keep this report as part of your files, but you are not required by the legislation to do so.

California law AB 2589 was enacted in 2008 and went into effect January 1, 2009. The law requires that health plans and insurers annually disclose to the governing boards of public agencies any fees or commissions paid to agents, brokers, or other individuals as part of the group's contract. The report must include the following information:

- The agent, broker, or individual's name and address
- Any amount paid to the agent, broker, or individual (including non-monetary compensation)

In addition, the report also provides the following information:

- Total premium received by Kaiser Permanente within your plan contract year
- Member and subscriber counts (as of the last month of the contract period)

Reporting is required annually, so you can expect to receive the Broker Compensation Disclosure Report for your group each year within approximately 60 days of the end of the contract year. If you have questions about the information, please contact our Broker Compensation Disclosure Reporting Department at (877) 639-0433 or [broker-comp-reporting@kp.org](mailto:broker-comp-reporting@kp.org)

We value our business relationship with you. Our practices for broker compensation disclosure reporting under AB 2589 reflect our shared commitment to full compliance with the law. Thank you for your continued support.

Sincerely,  
Kaiser Permanente

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**CALIFORNIA BROKER COMPENSATION DISCLOSURE REPORT FOR PUBLIC AGENCIES**

Health Plans and Insurance companies are required to provide the following information pursuant to California Insurance Code Section 10604.5 which requires that broker compensation be disclosed to the governing board of any public agency which is covered under a group health insurance policy.

This report is considered informational and you do not need to take any action.

**Information Concerning Insurance Coverage, Fees, and Commissions**

Region: CA  
Name of Insurance Carrier: Kaiser Foundation Health Plan Inc  
Plan Sponsor's Name: SYLVAN UNION SCHOOL DISTRICT

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**Information Concerning Insurance Contract Coverage**

Insurance Carrier: Kaiser Foundation Health Plan Inc  
Group Contract or Identification Number: 36325  
Approximate number of persons covered at end of policy contract year: 673  
Contract Year from 01/2017 - 12/2017  
Premium Received by Kaiser Foundation Health Plan Inc during your group's contract year:  
\$4,052,474.12

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**Information Concerning Insurance Contract Fees and Commissions**

Total Amount of Commissions Paid: \$42,325.29  
Total Amount of Fees Paid: \$1,267.21

1) Name and address of the agent, broker, or other person to whom commissions or fees were paid:

Keenan & Associates  
2355 CRENSHAW BLVD STE 200  
TORRANCE, CA 90501-3329

Amount of sales and base commissions paid to Keenan & Associates:  
\$42,325.29  
Fees and other compensation paid to Keenan & Associates:  
\$1,267.21

Bonus Amount: \$1,267.21  
Bonus Purpose: Bonus  
Value of Non-Monetary Compensation: \$0.00  
Type/Purpose of Non-Monetary Compensation:

2) Name and address of the agent, broker, or other person to whom commissions or fees were paid:

None

Amount of sales and base commissions paid to: None: \$0.00  
Fees and other compensation paid to: None: \$0.00  
Bonus Amount: \$0.00  
Bonus Purpose: None  
Value of Non-Monetary Compensation: \$0.00  
Type/Purpose of Non-Monetary Compensation: None

3) Name and address of the agent, broker, or other person to whom commissions or fees were paid:

None

Amount of sales and base commissions paid to: None: \$0.00

Fees and other compensation paid to: None: \$0.00

Bonus Amount: \$0.00

Bonus Purpose: None

Value of Non-Monetary Compensation:\$0.00

Type/Purpose of Non-Monetary Compensation: None

4) Name and address of the agent, broker, or other person to whom commissions or fees were paid:

None

Amount of sales and base commissions paid to: None: \$0.00

Fees and other compensation paid to: None: \$0.00

Bonus Amount: \$0.00

Bonus Purpose: None

Value of Non-Monetary Compensation:\$0.00

Type/Purpose of Non-Monetary Compensation: None

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Date Report Produced: 02/19/2018