



KAISER PERMANENTE®

Date	
Project Title	
Broker Name/FMO	
Service Area(s)	

Please fill out and submit this document to ga-medicarebrokersupport@kp.org.

BROKER CREATIVE BRIEF: COBRANDING MARKETING INITIATIVE

PROJECT OVERVIEW

Please provide key background info on what you want to create and why. What do you want to communicate and what is your business goal?

CHANNEL/DISTRIBUTION

What marketing channel (Facebook, print ad, direct mail, handout, etc.) will be utilized? Provide details on how this marketing piece will be distributed to your target audience.

MANDATORY ELEMENTS/ATTACHEMENTS

Provide components that you would like to include in the creative execution such as proposed text, logos, photos, etc.

TIMELINE

When would you like this to be in-market?

MEASUREMENT OF SUCCESS

Key performance indicators for every marketing channel