## Book of Business Transfer Request

Use this form to transfer your book of business from one agent/agency to another.

Please complete all fields and submit this form to one of the contacts listed below:

- Fax: (209) 371-5830
- U.S. mail: Blue Shield of California, P.O. Box 3008, Lodi, CA 95242
- Email: producerservices@blueshieldca.com

Name of **releasing** agent/agency:

Tax ID from:

Name of **accepting** agent/agency:

Tax ID to:

Please check the business categories below you would like to have moved. If you would like to move only specific subscribers or groups, please attach a list referencing specific subscriber/group ID numbers.

IFP business	🗌 Med Supp
Group business (Small and Mid/Large)	MAPD

Would the releasing agent like their previous tax ID number cancelled?
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**Please note** – Book of business change will take effect on the 1<sup>st</sup> of the month following the date of receipt, or the 15<sup>th</sup> of the month depending on the group bill period, unless a future date is specified. Book of business changes will not be given a retroactive effective date.

Signature of broker releasing business

Print name of broker releasing business

Signature of broker accepting business

Print name of broker accepting business



Date

