

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
 Group business (Small and Mid/Large)

Would the releasing agent like their previous tax ID number cancelled? Yes No

Please note – Book of business change will take effect on the 1st of the month following the date of receipt, or the 15th 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

Date

Print name of broker **releasing** business

Signature of broker **accepting** business

Date

Print name of broker **accepting** business