

Book of Business Transfer Request

Use this form to transfer your book of business to another agent or agency.

Please complete all fields and email this form to: 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)
- Medicare business

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, 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