

# 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:

- Email: **producer.services@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? ☐ Yes ☐ No

---

**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

---

Date

---

Print name of broker **releasing** business

---

Signature of broker **accepting** business

---

Date

---

Print name of broker **accepting** business