

FMO Book of Business Transfer Request

Use this form to transfer your Medicare book of business to another broker or Agency or FMO. If the request is removing an broker or agency leave the accepting field blank.

Please complete all fields and email this form to: producer.services@blueshieldca.com

Releasing Agency or FMO name:	Tax ID of releasing:
Signature of agency contact releasing business	Print agency contact name

Releasing broker name:**	SSN of releasing broker:
Signature of broker releasing business	

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

MAPD

PDP

Medicare Supplement

Accepting Agency or FMO name:*	Tax ID of accepting:
Signature of agency contact accepting business	Print agency contact name

Accepting broker name:*	SSN of accepting broker:
Signature of broker accepting business	

Submission Date

*If Releasing/Accepting Agency, FMO or broker are the same, only one signature is required for that contact.

**For FMO/Agency transfers where the writing broker should be transferred over list transfer writing brokers attached in the releasing broker name field.