



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: agtcoordinatorunit@providence.org

Name of **releasing** agent/agency: _____

Agent/Agency NPN from: _____

Name of **accepting** agent/agency: _____

Agent/Agency NPN to: _____

Requested Effective Date: _____

Please note – Book of business transfer will take effect on the first 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.

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.

Commercial Group business

Individual & Family business

Medicare Advantage business

Medicare Supplement business

Signature of principal **releasing** business

Date

Signature of principal **accepting** business

Date