

# 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](mailto: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