

Requested Effective Date of Transf	er:
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Note: Must be a minimum of 30 days from submission date and effective the 1st of the month. Commission will not be paid retroactively.

Book of Business Transfer Form

Covered California for Small Business

To be used when: Agent/Agency payee data is transferred from one Agent/Agency to another. This transfer form should only be submitted <u>AFTER</u> you've received a confirmation email (from DocuSign) that your Agreement has been completed.

To begin a new agent agreement or update an existing agent agreement, as noted above, please contact the Agent Admin team at AgentContracts@covered.ca.gov. Please specify that your inquiry is for Small Business.

Transferring Agent Information:	
Agent Name:	Agent License#
Agency:	
Tax ID No:	
Agent E-mail Address:	
Signature of transferring agent	Date
Per Exhibit A, Section C, in the Agency Agreement, you the Agency's book of business that will be transferred to an at least 30 calendar days prior to the planned date of transf Book of Business and the planned date of the transfer." By acknowledges this consumer notification requirement and conotified or will be notified 30 calendar days prior to the plan	other Agency or Agent. This notification shall be sent fer. This notice must identify the transferee of the completing this form, the transferring Agent/Agency confirms that all affected consumers have been ned date of transfer.
Transferring Agency Manager (Print Name): _	
Transferring Agency FEIN:	
Transferring Agency Manager Signature:	
Receiving Agent Information: Information below must match information on Agent/Age	ency Agreement contract.
Agent Name:	Agent License#

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Agency:		
Pay to: □ Age	ncy or □ Agent PayableT	ax ID No:
Agent E-mail A	ddress:	
ignature of receivino	agent	Date
s this reque NOTE: If yes, no a	ttachment needed	usiness Transfer? Yes No siness Transfer? Yes No
NOTE: If yes, plea	Group Name	I sheet listing group numbers and group names.

Is this request transferring to an Agent that is new to Covered CA? Yes No

NOTE: If yes, new agent must be contracted/appointed with Covered CA for Small Business. Commissions will be paid to new agent the month <u>following</u> contract completion and will not be retroactive.

Please send completed form and any applicable attachments to: CCSBeligibility@covered.ca.gov or fax to: 949-809-3264

For status on book of business transfer or for questions or help completing form, please contact: 855-777-6782

NOTE: Agent Book of Business transfers take a **minimum of 30 days to complete**. Incomplete forms will be emailed back to the sender and may delay the transfer effective date. This form is only for small group business, please do not use for Individual & Family plans.

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