



Requested Effective Date of Transfer: _____

Date of Request: _____

Book of Business Transfer Form Covered California – Individual Exchange

Please complete the information below and send this form to:

AgentContracts@covered.ca.gov

Consumer Information:

Is this request for an **entire** Book of Business Transfer? Yes No

NOTE: If yes, no attachment needed

Is this request for a **partial** Book of Business Transfer? Yes No

NOTE: If yes, please include a completed [Partial Book of Business Transfer Form found here >>](#)

Transferring Agent Information:

Agent Name: _____

Agency or Company Name: _____

Agent License No: _____

Agent E-mail Address: _____

Per **Exhibit A, Section C, Subsection 17 a (ii)** in the **Agency Agreement**, you must “provide written notification to all Consumers in the Agency’s book of business that will be transferred to another Agency or Agent. This notification shall be sent at least 30 calendar days prior to the planned date of transfer. This notice must identify the transferee of the Book of Business and the planned date of the transfer.”

Transferring Agency Manager (Print Name): _____

Transferring Agency Manager Signature: _____

Receiving Agent Information:

Agent Name: _____

Agency or Company Name: _____

Agent License No: _____

Agent E-mail Address: _____

Agent Phone No: _____

Agent CalHEERS Username: _____

Receiving Agent’s Signature: _____

Please note: Transfers will be processed in order of receipt. Please allow 3-4 weeks for completion. If this is a partial book request, the Partial Book of Business excel form must be attached and complete. If it is incomplete, the form will be emailed back to the sender.