

Book of Business/Commission Transfer Request Form

Business Transfer refers to any change in ownership that results in a transfer of all or a portion of an agent's or agency's book of business to another agent or agency.

- Business Transfers may take 3 to 4 weeks to complete, depending on complexity.
- The transfer will be effective on the first of the month following receipt of all required documentation.

Appointment

The receiving agent/agency MUST have all appropriate appointments completed prior to the Business Transfer. To obtain a new appointment or update an existing appointment, please log into the [Producer Toolbox](#). Then locate the Licensing, Credentialing and Contracting section and select the Appointments link.

- **Exception:** For OH Group appointments, please contact Sales Compensation Licensing and Credentialing Customer Service at 1-877-304-6470.

Purchase Agreements

- A purchase agreement is a legal document that specifies an agreement between impacted agents or agencies and defines the parameters of the purchase or the merger of impacted agencies.
- Elevance Health Licensing can use purchase agreements to transfer appointments/relationships of the subagents under the releasing agency to the receiving agency.
- If a purchase agreement is not available, each subagent under the releasing agency will need to complete appointment forms to transfer their relationship to the receiving agency.

Opt-Out Process for Policy Holders

- **Commercial (Under 65) business:** If a group or policy holder does not agree to working with the new agent of record, the group or policy holder can provide a letter requesting an Agent of Record change. These requests can be submitted to producers@elevancehealth.com.
- **Medicare business:** If a policy holder does not agree to working with the new agent of record, the policyholder can provide a handwritten letter requesting an Agent of Record change. These requests should be submitted to Senior_SalesComp@elevancehealth.com.

Commission Impact

- **Medicare Business:** Advance Paid Business - if the book of business contains policies where commissions were paid for months past the effective date of the transfer, such payments may be retracted from the releasing PAID TAX ID and will be paid to the receiving PAID TAX ID on a monthly basis, as they are earned.
- **Group, Individual - State/Federal Exchange Business:** Elevance Health does not guarantee commissions on business generated through your State or Federal exchange.
 - To maintain the Agent of Record status for the exchange policy, the broker data must be updated with the appropriate exchange system to match the information provided to Elevance Health.
 - Information that has not been updated on the appropriate exchange system may result in the referenced update being overwritten by information received from the exchange system.
 - Please refer to the guidelines in the state in which the business is located.

Directions for Active Business/Active Writing Agents

1. Provide list of agents transitioning to the Receiving agency.
2. Provide direction for business of agents NOT transitioning to the Receiving agency.
3. Include the following for both Current Writing Agent and New Writing Agent: Agent First Name, Agent Last Name, NPN or Tax ID.

Policy Holder Notification Letter Requirement

- All policy holders included in the business transfer must be notified in advance of submitting the business transfer request.
- A sample notification letter is included at the end of this form.
- A copy of each notification letter must be kept on file to be available upon request by the plan for 10 years from date of request.

Book of Business/Commission Transfer Request Form

To provide the best service and protection for you and your clients, Elevance Health must review and approve all Book of Business (BOB)/Commission transfers. For a BOB/Commission transfer to be approved, Elevance Health requires the receiving Producer be licensed, certified, and appointed as required by the state in which the business is located. Complete this form and submit it via email to BusinessTransfers@anthem.com. For questions regarding the form, please call 1-877-304-6470.

RELEASING PRODUCER (Producer Selling Business)	RECEIVING PRODUCER (Producer Purchasing Business)
Writing Agent Name:	Writing Agent Name:
Writing Agent TIN/NPN/Encrypted TIN:	Writing Agent TIN/NPN/Encrypted TIN:
Agency Name:	Agency Name:
Agency TIN/NPN/ETIN:	Agency TIN/NPN/ETIN:
Address:	Address:
City / State / ZIP:	City / State / ZIP:

Contacts for Business Transfer Request: (Person(s) that can be contacted for questions, additional documentation, etc.)		
Releasing Producer Name:	Email Address:	Phone:
Receiving Producer Name:	Email Address:	Phone:
Elevance Health Contact Name:	Email Address:	Phone:

Book of Business Transfer Details

Check One:	Whole Block Transfer	Partial Block Transfer*
*If partial block, include the list of policies with this request.		
Select Business to Transfer (Check all that Apply)		
<input type="checkbox"/> Individual <input type="checkbox"/> Small Group <input type="checkbox"/> Large Group <input type="checkbox"/> Medicare/Senior <input type="checkbox"/> All Business		
Select State to Transfer (Check all that Apply)		
<input type="checkbox"/> All States <input type="checkbox"/> Alabama <input type="checkbox"/> Alaska <input type="checkbox"/> Arizona <input type="checkbox"/> Arkansas <input type="checkbox"/> California <input type="checkbox"/> Colorado <input type="checkbox"/> Connecticut <input type="checkbox"/> Delaware <input type="checkbox"/> Florida <input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho <input type="checkbox"/> Illinois <input type="checkbox"/> Indiana <input type="checkbox"/> Iowa <input type="checkbox"/> Kansas <input type="checkbox"/> Kentucky <input type="checkbox"/> Louisiana <input type="checkbox"/> Maine <input type="checkbox"/> Maryland <input type="checkbox"/> Massachusetts	<input type="checkbox"/> Michigan <input type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi <input type="checkbox"/> Missouri <input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire <input type="checkbox"/> New Jersey <input type="checkbox"/> New Mexico <input type="checkbox"/> New York
<input type="checkbox"/> North Carolina <input type="checkbox"/> North Dakota <input type="checkbox"/> Ohio <input type="checkbox"/> Oklahoma <input type="checkbox"/> Oregon <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Rhode Island South Carolina South Dakota Tennessee Texas		
<input type="checkbox"/> Utah <input type="checkbox"/> Vermont <input type="checkbox"/> Virginia <input type="checkbox"/> Washington <input type="checkbox"/> West Virginia <input type="checkbox"/> Wisconsin <input type="checkbox"/> Wyoming		
Additional Request Details:		

Releasing Producer / Writing Agent Details

Will any of the writing agents under the Releasing Agency be moving to the Receiving Agency? If Yes: <ol style="list-style-type: none"> 1. Provide list of agents transitioning to the Receiving agency. 2. Provide direction for business of agents NOT transitioning to the Receiving agency. 3. Include the following for both Current Writing Agent and New Writing Agent in a separate document: Agent First Name, Agent Last Name, NPN or Tax ID. 	Yes No
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Attestations/Signatures

I attest that notifications regarding this Book of Business transfer have been sent to each Group /Policy Holder regarding this producer change. I attest that the notification was on the required template.

I agree to provide a copy of each policy holder notification letter to Elevance Health upon request. I understand that the notifications must be available for 10 years from date of request.

Releasing Producer Signature

X

I attest that I am assuming responsibility for servicing the transferred groups/policies in accordance with the guidelines in the Elevance Health Agent Agreement.

Receiving Producer Signature

X

This document signifies the request to transfer business from Releasing Producer to Receiving Producer.

Elevance Health reserves the right to determine, in its sole and absolute discretion, for purposes of calculating commissions due, whether group or individual business is new or renewal business. Please refer to your Agent Agreement and commission schedules for details.

For CA individual business, Elevance Health will not update business sold through the exchange until notified by CA Exchange.

NOTE: Certification is required for certain Medicare and Individual business. Please ensure the receiving producer has completed the required certification to ensure commission payment is not impacted.

This assignment shall be effective on first of the month following **Elevance Health** approval.

Transferred business does not constitute a new sale.

Releasing Producer Signature:

X

Date Signed:

NOTE: This must be the party who signed the Agent Agreement, Principal/Owner of agency.

Receiving Producer Signature:

X

Date Signed:

NOTE: This must be the party who signed the Agent Agreement, Principal/Owner of agency.

Please submit this form via email to BusinessTransfers@anthem.com. If you have any questions regarding the form, please call 1-877-304-6470.

POLICY HOLDER NOTIFICATION LETTER EXAMPLE:

Name of Agency
State License #
Street Number and Name
City, ST Zip Code
Phone XXX-XXX-XXXX

[Date]

Member Name
1234 Sample Ave
Anywhere, ST Zip Code

Dear [Policy Holder Name],

We are pleased to inform you that [NEW AGENT] will act as the Agent of Record on your [insert brand] [insert plan name], effective [MM/DD/YYYY].

NEW AGENT
State License Number 1234532
1234 Sample Ave
Anywhere, ST Zip Code

Office Number XXX-XXX-XXXX

This action does not affect your ability to name another "Agent of Record" in the future, should you wish to do that.

Should you have any questions regarding your plan or this transfer, please contact [NEW AGENT] at XXX-XXX-XXXX for assistance. Please call the number on the back of your ID card to contact member services.

We would like to thank you for allowing us to service your account.

Sincerely,

[Selling Agent Signature]

[NEW AGENT Signature]