



Producer of Record Transfer Form

GUIDELINES:

1. All fields are required. The request cannot be considered if the form is incomplete.
2. The transfer effective date will be the first day of the month following receipt of this form.
Retroactive transfer dates will not be accepted.
3. Ambetter reserves the right to limit transfers.
4. Ambetter reserves the right to deny any request.
5. Broker must be properly licensed, contracted and appointed at the time of this request.

I appoint _____ as my producer of record. As my producer of record and as a business associate of Ambetter, my producer of record will have access to my Protected Health Information (PHI) related to insurance support functions, such as membership maintenance information, plan benefit information and transactions, new product information, and enrollment and disenrollment information.

Policyholder Signature: _____

Policyholder Printed Name: _____

Policyholder Date of Birth: _____

**Policy ID Numbers
(beginning with U):** _____

Date: _____

Producer Printed Name: _____

Producer NPN Number: _____

PLEASE SCAN AND EMAIL THIS FORM TO YOUR SALES MANAGER.