



FOR SMALL BUSINESS

Date of Request: _____
Planned Date of Transfer: _____

Agent Book of Business Transfer Form
Covered California for Small Business

Please complete the information below and send this form to _____
[Insert Contact Entity]

via email at _____ or Mail to: Covered California for Small Business
[Insert Email Address] P.O. Box 7010
Newport Beach, CA 92658

Requirements:

- Transferring Agent must provide written notification to the California Health Benefit Exchange at least thirty (30) calendar days prior to the planned date of transfer of the Book of Business.
Transferring Agent must provide written notification to all Qualified Employers in the Agent's book of business at least thirty (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.
The Agent shall submit this form at least five (5) business days prior to the planned date of the transfer.

Transferring Agent Information:

Transferring Agent Name - Printed: _____

Transferring Agent License No: _____

I, _____, do attest that I have provided written notification to
[Insert Transferring Agent's Name]

all Qualified Employers in the Transferring Book of Business at least thirty (30) calendar days prior to the planned date of transfer. Signed: _____ Date: _____

Qualified Employers: [] Transferring Agent must identify on an attached sheet the Qualified Employers who are being transferred.

New Agent (transferee) Information:

New Agent Name - Printed: _____ New Agent License No: _____

New Agent Certification: [] New Agent (transferee) must attach proof of their certification with the California Health Benefit Exchange.

New Agent Phone No.: _____ New Agent Tax Identification Number: _____

New Agent E-mail Address: _____

New Agent Address: _____

Street/P.O. Box City State Zip Code