

# Book of Business Transfer Request

Use this form to transfer your book of business to another agent or agency.

Please complete all fields and email this form to: [producerservices@blueshieldca.com](mailto:producerservices@blueshieldca.com)

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Name of **releasing** agent/agency:

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Tax ID from:

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Name of **accepting** agent/agency:

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Tax ID to:

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Please check the business categories below you would like to have moved. If you would like to move only specific subscribers or groups, please attach a list referencing specific subscriber/group ID numbers.

- IFP business
- Group business (Small and Mid/Large)
- Medicare business

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Would the releasing agent like their previous tax ID number cancelled?  Yes  No

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**Please note** – Book of business change will take effect on the 1st of the month following the date of receipt, unless a future date is specified. Book of business changes will not be given a retroactive effective date.

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Signature of broker **releasing** business

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Date

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Print name of broker **releasing** business

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Signature of broker **accepting** business

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Date

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Print name of broker **accepting** business