



Requested Effective Date of Transfer _____

Note: Must be a minimum of 30 days from submission date and effective the 1st of the month. Commission will not be paid retroactively.

Book of Business Transfer Form

Covered California for Small Business

To be used when: Agent/Agency payee data is transferred from one Agent/Agency to another. This transfer form should only be submitted **AFTER** you've received a confirmation email (from DocuSign) that your Agreement has been completed.

To begin a new agent agreement or update an existing agent agreement, as noted above, please contact the Agent Admin team at Agentcontracts@covered.ca.gov. Please specify that your inquiry is for Small Business.

Transferring Agent Information:

Agent Name: _____ Agent License # _____

Agency: _____

Tax ID No: _____

Agent E-mail Address _____

Signature of transferring agent

Date

Per **Exhibit A, Section C**, 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." By completing this form, the transferring Agent/Agency acknowledges this consumer notification requirement and confirms all affected consumers have been notified or will be notified 30 calendar days prior to the planned date of transfer.

Transferring Agency Manager (Print Name): _____

Transferring Agency FEIN: _____

Transferring Agency Manager Signature: _____

Receiving Agent Information:

Information below must match information on Agent/Agency Agreement contract.

Agent Name: _____ Agent License # _____

Agency: _____

Tax ID No: _____

Agent E-mail Address _____

Signature of receiving agent

Date

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 provide info below or include an excel sheet listing group numbers and group names.

Group #	Group Name

Is this request transferring to an Agent that is new to Covered California? **Yes** **No**

Note: If yes, new agent must be contracted/appointed with Covered California for Small Business. Commission will be paid to new agent(s) the month following contract completion and will not be retroactive.

Please send completed form and any applicable attachments to:

CCSBEligibility@covered.ca.gov or fax to 949-809-3264

For status on book of business transfer or for questions or help completing the form, please contact: 855-777-6782

NOTE: Agent Book of Business transfers take a minimum of 30 days to complete. Incomplete forms will be e-mailed back to the sender and may delay the transfer effective date. This form is only for small group business, please do not use for Individual & Family plans.