

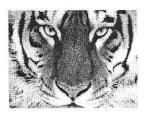
Producer of Record Transfer Form

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.

l appoint	as my producer of record. As my producer
Protected Health Information (sociate of Ambetter, my producer of record will have access to my PHI) related to insurance support functions, such as membership benefit information and transactions, new product information, and nformation.
Policyholder Signature:	
Policy ID Numbers	
Date:	
Producer Printed Name:	
Producer NPN Number:	

FAX COMPLETED FORM TO 1-800-313-4750.



Tiger Insurance Agency

COR Client Data

City of Birth:		Mother's Maide	Mother's Maiden Name:		
Full Name:				Male / Female	
Tun itunior	Is your mailing address and				
Address:	physical address the same Y or N				
City:		State:	Zip:	County:	
Phone:	Email:				
Date of birth:		SSN or TIN:			
Signature:			Date:		
Do you have Medical Insu	Would you like to know more? Y or N				
Do you have Life Insurance	Would you like to know more? Y or N				
Do you have Dental Insura	ance? Y or N	Would you like	e to know mo	re? Y or N	
Do you have Vision Insura	Would you like to know more? Y or N				
Do you have Supplementa	Would you like to know more? Y or N				
Notes:					
City of 1 st Job:					
Name of Pet:					
Fav Teacher:					
Fav Candy:					
Fav Toy					
Agent:		Referred By: _			
Agent info:					
James Arel	Crystal Arel	Sonya Hubb		Luther Williams	
16691260	17678102	1726235	8	17405585	
Carlon Southerland					
1666911					