



# Producer of Record Transfer Form

## GUIDELINES:

1. All fields are required. Incomplete forms will be returned, no exceptions.
2. The Policyholder's signature is required.
3. All signatures and signature dates must be signed within 30 calendar days of receipt of the form.
4. The transfer effective date will be the first day of the month following receipt of this form. Retroactive transfer dates will not be accepted.
5. Ambetter reserves the right to limit transfers, to deny any request, and to verify the information provided.

**Ambetter does not accept these forms between November 1<sup>st</sup> and December 31<sup>st</sup>. All Producer/Agent of Record changes during this time period should be done directly through the Marketplace.**

**SECTION A – Policyholder Appointment Approval:**  
*To only be completed by Policyholder or Parent/Legal Guardian*

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. By signing this form, I confirm the producer listed above did significantly assist me with my enrollment/membership with Ambetter. Additionally, by signing this form, I understand any Producer currently designated on this policy, will be removed, and the new Producer being added will remain in effect until revoked or replaced in writing.

<b>Policyholder/Parent/Legal Guardian Signature:</b>	<b>Signature Date:</b>
<b>Policyholder Printed Name and Phone Number:</b>	<b>Parent/Legal Guardian Printed Name and Phone Number:</b>
<b>Policyholder Date of Birth:</b>	<b>Policy ID Number (beginning with "U"):</b>
<b>Producer or Sub-Producer Printed Name (Who assisted you):</b>	<b>Producer or Sub-Producer NPN (Who assisted you):</b>

*The form may not be signed by anyone other than the Policyholder, or the parent or legal guardian, if a child*

**SECTION B – Producer Attestation:**  
*To only be completed by Producer or if applicable, the Sub-Producer who assisted the Policyholder*

By signing this Producer of Record Transfer form, I attest the following:

- All information contained on this form, is true and accurate
- This form was obtained ensuring all terms and conditions of the Producer or if applicable, the Sub-Producer Agreement(s) were followed and met. Failure to meet these terms and conditions can result in Termination of the Agreement(s)
- I significantly assisted the Policyholder, or Parent/Legal Guardian of the Policyholder, listed on this form with Ambetter coverage
- I am properly licensed, contracted and appointed at the time of this request

<b>Producer or Sub-Producer Signature:</b>	<b>Signature Date:</b>
<b>Producer or Sub-Producer Printed Name and Phone Number:</b>	<b>Producer or Sub-Producer NPN:</b>

**PLEASE SUBMIT FORM TO: [Ambetterbrokers@centene.com](mailto:Ambetterbrokers@centene.com)**