



Release & Request for Self-Release from Topline Form

Please review the [Cigna Rules of Engagement](#) or the [Cigna Release Guide](#) located on our [Producer's University](#) to review Cigna's guidelines regarding Release from Topline. Please note: Hierarchy changes will **not** be accepted or processed from **September 1st through December 31st of each year.**

Disclaimer: Topline may require use of their own release document when providing a signed release from Topline.

Completed document should be sent to CARL@Cigna.com or Select the Submit Button:

[Release from Topline \(Signature Required\)](#)

Topline Name:

agrees to release the below **Broker Only:**

Broker/Agency

Effective:

Broker Name:

Agency Name:

Broker NPN:

Agency NPN:

Broker Signature:

Date:

Topline Approver:

Topline Signature:

Date:

[Request for Self-Release from Topline](#)

As provided for in the [Cigna Rules of Engagement](#), this serves as notice of my intent to change sales hierarchies in 90 calendar days. I understand that I am responsible for completing the required paperwork and providing to my new Topline Agency for onboarding on or after my eligibility date. I understand that hierarchy changes will **not** be accepted or processed from **September 1st through December 31st of each year.**

Broker Name:

Current Topline:

Broker NPN:

Broker Signature:

Date: