



BOOK OF BUSINESS TRANSFERS (SELLING)

Effective Date of Transfer (1st day of the month only): _____

Original GMA Name: _____

Original Agency Name: _____

Original Broker # (4 digit #): _____

Please check box that applies: Reassigned New

Reassigned/New Agency Name: _____

Reassigned/New Broker Name: _____

Reassigned/New Broker # (4 digit #): _____

Please check box for situation that applies for the transfer:

- Transfer all active members from the Original Agency/Broker to the Reassigned/New Agency/Broker along with commission payments per **effective date** (transfer effective date). *Please provide a list and attach to form.*
- Transfer only portion of members belonging to Original Agency/Broker to the Reassigned/New Agency/Broker along with commission payments per **effective date** (transfer effective date). *Please provide a list who stays with the Original Agency/Broker and who should be transfer over to the Reassigned/New Agency/Broker and attach to form.*
- Transfer all active members from the Original Agency/Broker to the Reassigned/New Agency/Broker. Transfer all commission payments effective date (1st day of the month only) _____ to the Reassigned/New Agency/Broker.
- Others: _____
(Please comment)

Special/Additional Clarification: If there are special instruction that UCare should be aware of please comment below. Please note that UCare may contact Agency/Broker for more information if need.

Please e-mail form to Brian Eck at beck@ucare.org and brokeroversight@ucare.org

Signature of Original Agency/Broker

Signature of Reassigned/New Agency/Broker

_____ Date

_____ Date