



TRANSFERRING A BOOK OF BUSINESS

Fill out this form to request a book of business transfer between YHI certified agents.

Client designation goes into effect the month following when the designation was made. For example, to receive a commission on January 1, you must be designated no later than December 31. Your Health Idaho cannot backdate or postdate agent designation.

Once the new agent designation is made, affected consumers will receive a notification in their YHI inbox. It is the responsibility of the agent to notify the clients of the change, *prior* to the transfer.

I attest that I have contacted my clients regarding the book of business transfer and informed them of the change in Agent of Record.

NOTE: The book of business transfer is for clients enrolled through Your Health Idaho only. If you have additional clients who are enrolled off-exchange, you will need to coordinate that book of business transfer with the carrier.

Current Book of Business Holder TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK					
Last Name		First Name		Agency Name	
Address			City and State		Zip Code
Work Phone ()			Cell Phone ()		
Email					

Do you intend to transfer your entire book of business?

Yes

No (*If no, you must include the complete list of clients to be transferred*)

Would you like to maintain your YHI certification (and be listed on the YHI website) through the remainder of the certification year?

Yes

No



NEW Book of Business Holder TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK			
Last Name	First Name	Agency Name	
Address		City and State	Zip Code
Work Phone ()		Cell Phone ()	
Email			

By filling out this form, I declare that the above transfer details are valid and agreed upon by both parties.

Signature of Current Book Holder: _____ **Date:** _____

Signature of Recipient: _____ **Date:** _____

Submit signed book of business transfer request to connectors@yourhealthidaho.org. You will be notified when your request is received.