

Carrier Successor Program



Definition of Agent Successor Program: A process in which an agent can transfer their entire book of business (BOB) upon death or retirement. This is not the same as a Broker of Record change where the member has given written consent to change Broker of Record.

Aetna	<div><div>Required Forms</div><div><div><input type="checkbox"/> Agent of Record Change Form (Agent initiated, 3rd party initiated, or Upline initiated)</div><div><input type="checkbox"/> Spreadsheet of members to transfer</div><div><input type="checkbox"/> Copy of member letters alerting members to change<ul style="list-style-type: none">Letter must be personalized to members and include member IDsMust be sent 30 calendar days prior to changeProof of mailing must be sent with transfer requestLetter must be signed by the receiving agent (receiving agent needs to be the one contacted if the member has questions)Transfer will be effective the 1st of the month following 30-day notification</div></div></div> <div><div>Successor Agent</div><div><div><input type="checkbox"/> Both agents need to be ready to sell to qualify for Successor Agent Transfer</div><div><input type="checkbox"/> Send completed Agent of Record Change Form, list of members to transfer, and copy of member letter to Aetna Broker Services at brokersupport@aetna.com<ul style="list-style-type: none">Letter must be personalized to members and include member IDs</div><div><input type="checkbox"/> Transfer will be effective the 1st of the month following 30-day notification</div></div></div> <div><div>Deceased Agent</div><div><div><input type="checkbox"/> Both agents need to be ready to sell to qualify for Successor Agent Transfer</div><div><input type="checkbox"/> 3rd Party Initiated Form used in the event of agent death</div><div><input type="checkbox"/> Need letter on agent/agency letterhead from executor of estate requesting change</div><div><input type="checkbox"/> Copy of death certificate</div><div><input type="checkbox"/> Send completed 3rd Party Initiated Agent of Record Change Form, list of members to transfer, and copy of member letter to Aetna Broker Services at brokersupport@aetna.com</div><div><input type="checkbox"/> Transfer will be effective the 1st of the month following 30-day notification</div></div></div> <div><div>Licensed Only Agent (LOA)</div><div><div><input type="checkbox"/> Both agents need to be ready to sell to qualify for Successor Agent Transfer</div><div><input type="checkbox"/> Upline Initiated Form used if agent is contracted as a LOA</div><div><input type="checkbox"/> Send completed Upline Initiated Agent of Record Change Form, list of members to transfer, and copy of member letter to Aetna Broker Services at brokersupport@aetna.com</div><div><input type="checkbox"/> Transfer will be effective the 1st of the month following 30-day notification</div></div></div>
Alignment	<div><div>Required Forms</div><div><div><input type="checkbox"/> Writing Agent Transfer Request Form<ul style="list-style-type: none">Signed request from executor of estate if transferring due to death</div></div></div> <div><div>Successor and/or Deceased Agent Transfer</div><div><div><input type="checkbox"/> Both agents need to be ready to sell to qualify for Successor Agent Transfer</div><div><input type="checkbox"/> Writing Agent Transfer Request Form signed by both Original and Successor agents submitted to agentonboarding@ahcusa.com</div><div><input type="checkbox"/> Select “Update all Business to the New Writing Agent” to transfer entire book of business</div><div><input type="checkbox"/> Transfer will be effective the 1st of the month following approval from carrier</div></div></div>
Anthem Blue Cross	<div><div>Required Forms</div><div><div><input type="checkbox"/> Agreement letter signed by both agents allowing transfer of business (See generic template here)<ul style="list-style-type: none">Signed request from executor of estate if transferring due to death</div></div></div> <div><div>Successor and/or Deceased Agent Transfer</div><div><div><input type="checkbox"/> Both agents need to be ready to sell to qualify for Successor Agent Transfer</div><div><input type="checkbox"/> Transfer will be effective the 1st of the month following approval from carrier</div></div></div>
Aspire Health Plan	No successor plan at this time.
Brand New Day	No successor plan at this time.
Bright Health	No successor plan at this time.

Blue Shield	<p>Required Forms</p> <p><input type="checkbox"/> Agreement letter signed by both agents allowing transfer of business (See generic template here)</p> <ul style="list-style-type: none"> Signed request from executor of estate if transferring due to death Book of Business Transfer Request form <p>Successor and/or Deceased Agent Transfer</p> <p><input type="checkbox"/> Both agents need to be ready to sell to qualify for Successor Agent Transfer</p> <p><input type="checkbox"/> Book of Business Transfer Request form to be sent to Producer Services at Blue Shield</p> <p><input type="checkbox"/> Transfer will be effective the 1st of the month following approval from carrier</p>
Care1st	<p>Required Forms</p> <p><input type="checkbox"/> Agreement letter signed by both agents allowing transfer of business (See generic template here)</p> <ul style="list-style-type: none"> Signed request from executor of estate if transferring due to death <p>Successor and/or Deceased Agent Transfer</p> <p><input type="checkbox"/> Both agents need to be ready to sell to qualify for Successor Agent Transfer</p> <p><input type="checkbox"/> Transfer will be effective the 1st of the month following approval from carrier</p>
CareMore	<p>Required Forms</p> <p><input type="checkbox"/> Transfer letter listing current book of business to transfer</p> <p><input type="checkbox"/> Agreement letter signed by both agents allowing transfer of business (See generic template here)</p> <ul style="list-style-type: none"> Signed request from executor of estate if transferring due to death <p>Successor and/or Deceased Agent Transfer</p> <p><input type="checkbox"/> Both agents need to be ready to sell to qualify for Successor Agent Transfer</p> <p><input type="checkbox"/> Transfer will be effective the 1st of the month following approval from carrier</p>
Central Health	No successor plan at this time.
Cigna - Health Spring	<p>Successor Agent</p> <p>The transferring Agent / Agency must provide the following in writing to Commissions@HealthSpring.com at least 90 days prior to the effective date of the transfer:</p> <p><input type="checkbox"/> Both agents need to be ready to sell to qualify for Successor Agent Transfer</p> <p><input type="checkbox"/> Proof of New Agent’s licensure in all states that the book of business transfer covers</p> <p><input type="checkbox"/> Agreement letter signed by both agents allowing transfer of business (See generic template here)</p> <p><input type="checkbox"/> Written demonstration that all customers impacted by the book of business transfer have been notified of the change in representation (See template here)</p> <p><input type="checkbox"/> Written approval from current hierarchy releasing book of business and written approval of the transfer if fees are to be transferred to a new hierarchy</p> <p>Deceased Agent</p> <p>The following must be provided to Commissions@HealthSpring.com in writing within 60 days of the deceased agent’s passing:</p> <p><input type="checkbox"/> Both agents need to be ready to sell to qualify for transfer</p> <p><input type="checkbox"/> Proof of New Agent’s licensure in all states that the book of business transfer covers</p> <p><input type="checkbox"/> Transfer letter (See template here)</p> <p><input type="checkbox"/> Written demonstration that all customers impacted by the book of business transfer have been notified of the change in representation (See template here)</p>
EnvisionRx	<p>Required Forms</p> <p><input type="checkbox"/> Book of Business Transfer Request Form (here)</p> <ul style="list-style-type: none"> Signed request from executor or the estate if transferring due to death. <p>Successor and/or Deceased Agent Transfer</p> <p><input type="checkbox"/> Both agents need to be ready to sell to with EnvisionRx and under AGA’s downline to transfer</p> <p><input type="checkbox"/> Send Book of Business Transfer Request signed by the Original and Successor agents to EnvisionAgentSupport@envisionrx.com</p> <p><input type="checkbox"/> Form must be signed by both parties and include the reason for transfer (retirement, death, etc.)</p> <p><input type="checkbox"/> Form must be submitted to carrier 60 days prior to effective date of transfer</p> <p><input type="checkbox"/> Transfer will be effective on requested transfer date after carrier approval</p>
Golden State	No successor plan at this time.
Health Net	No successor plan at this time.

Humana

- Required Forms**
- ☐ Release template
 - Signed letter from executor of estate allowing release of business to another licensed and contracted agent if transferring due to death
- Successor Agent**
- ☐ Both agents need to be ready to sell to qualify for Successor Agent Transfer
 - ☐ Send Release template form signed by both the Original and Successor agents to agencymgmt@humana.com
 - ☐ Need letter on agent/agency letterhead from executor of estate requesting change
 - ☐ Select "All Business" on Release Template
 - ☐ Transfer will be effective the 1st of the month following approval from carrier
- Deceased Agent**
- ☐ Signed letter from estate sent to agencymgmt@humana.com
 - If there is no compliant successor, the business will be moved to a house account and no further commission will be paid
 - Note: Commission will be paid to estate for up to 6 months from date of death.***
 - Letter needs to be on existing agency letterhead and signed by executor
 - ☐ Transfer will be effective the 1st of the month following approval from carrier

Imperial Health Plan

- Required Forms**
- ☐ Agreement letter signed by both agents allowing transfer of business (See generic template [here](#))
 - Signed request from executor of estate if transferring due to death
- Successor and/or Deceased Agent Transfer**
- ☐ Both agents need to be under AGA's downline to transfer business
 - ☐ Both agents need to be ready to sell to qualify for Successor Agent Transfer
 - ☐ Transfer will be effective the 1st of the month following approval from carrier

Inter Valley

- Required Forms**
- ☐ Signed letter on company letterhead from the principal of the agency allowing transfer of business to a different subagent
- Successor and/or Deceased Agent Transfer**
- ☐ Both agents need to be ready to sell to qualify for Successor Agent Transfer
 - ☐ Transfer will be effective the 1st of the month following approval from carrier

L.A. Care

No successor plan at this time.

SCAN

- Required Forms** (In order to transfer business, writing agent must be receiving \$5,000 in annual renewals)
- ☐ Successor Agent Transfer Form (download [here](#))
 - Copy of death certificate if transferring due to death
 - Successor Agent Transfer Form **MUST** be submitted to carrier prior to death
- Successor Agent**
- ☐ Both agents need to be ready to sell to qualify for Successor Agent Transfer
 - ☐ Send form to ScanBrokerContracting@scanhealthplan.com with proposed effective date of transfer and reason of transfer
 - ☐ Original agent will be terminated and business will be moved to new agent
 - ☐ Transfer will be effective the 1st of the month following approval from carrier
- Deceased Agent**
- ☐ Send all forms to ScanBrokerContracting@scanhealthplan.com
 - Date of transfer/sale date should be left blank
 - ☐ **Agreement MUST be signed and submitted to ScanBrokerContracting@scanhealthplan.com prior to death**
 - ☐ Successor agent must contact SCAN within 90 days after original agent's death
 - ☐ Transfer will be effective the 1st of the month following approval from carrier

SilverScript

- Required Forms**
- ☐ Transfer letter agreement indicating reason for change (letter must include Successor and Original agent writing numbers) (See template [here](#))
 - Letter from executor of estate requesting change if transferring due to death
 - ☐ Book of business that is being transferred
 - ☐ Copy of letter sent to members alerting them of agent change
 - Proof of mailing must be sent with transfer request
- Successor and/or Deceased Agent Transfer**
- ☐ Both agents need to be ready to sell to qualify for Successor Agent Transfer
 - ☐ Submit all supporting documents and forms to SilverScript for review
 - ☐ Letter must be received by members prior to the end of the Annual Election Period for the new Agent of Record to be eligible for renewal compensation
 - ☐ Transfer will be effective the 1st of the month following approval from carrier

Stanford Health Plan	No successor plan at this time.
United American	<p>Required Forms</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of sale agreement – United American must be listed in agreement documentation between Successor and Original agent <input type="checkbox"/> Must have letter from executor of estate requesting transfer if reason for transfer is due to death <p>Successor and/or Deceased Agent Transfer</p> <ul style="list-style-type: none"> <input type="checkbox"/> Both agents need to be ready to sell to qualify for Successor Agent Transfer <input type="checkbox"/> All documents must be submitted to United American for review <input type="checkbox"/> Transfer will be effective the 1st of the month following approval from carrier
UnitedHealthcare	<p>Required Forms (In order to transfer business, writing agent must be receiving \$2,000 in annual renewals)</p> <ul style="list-style-type: none"> <input type="checkbox"/> UnitedHealthcare Successor Agent Program Interest form (Download here) <p>Successor Agent</p> <ul style="list-style-type: none"> <input type="checkbox"/> Both agents need to be ready to sell to qualify for Successor Agent Transfer <input type="checkbox"/> Submit the Successor Agent Program Interest Form to sh_Commissions_Administration@uhc.com <input type="checkbox"/> UHC Broker commissions team will verify agent eligibility and send out the successor agent agreement <input type="checkbox"/> Original and Successor agent both sign and return the agreement <input type="checkbox"/> UHC Broker Commission team will complete the agreement and send all final documentation to both the successor and original agents <input type="checkbox"/> Transfer will be effective the 1st of the month following approval from carrier <input type="checkbox"/> Please send AGA a copy of the transfer approval in order to update our systems <p>Deceased Agent</p> <ul style="list-style-type: none"> <input type="checkbox"/> UHC must be notified within 30 days after death and agreement completed within 90 days after death <input type="checkbox"/> Completed form sent to sh_Commissions_Administration@uhc.com for review <input type="checkbox"/> Transfer will be effective the 1st of the month following approval from carrier
Vitality	<p>Required Forms</p> <ul style="list-style-type: none"> <input type="checkbox"/> Agreement letter allowing transfer of business - The letter must include the Successor's name, license number, address, phone number, and list reason for transfer (retirement, death, etc.) <ul style="list-style-type: none"> Letter from executor of estate requesting change if transferring due to death – Letter from estate must include same Successor information as above. <p>Successor and/or Deceased Agent Transfer</p> <ul style="list-style-type: none"> <input type="checkbox"/> Both agents need to be ready to sell to qualify for Successor Agent Transfer <input type="checkbox"/> Transfer will be effective the 1st of the month following approval from carrier
Wellcare	<p>Required Forms</p> <ul style="list-style-type: none"> <input type="checkbox"/> BOB Transfer letter on company letterhead (See template here) <p>Successor and/or Deceased Agent Transfer</p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter signed by both Original and Successor agents on Original agent's letterhead sent to producer services <input type="checkbox"/> Both agents need to be ready to sell to qualify for Successor Agent Transfer <input type="checkbox"/> Transfer will be effective the 1st of the month following approval from carrier

NOTE: This serves as a guide and not a binding contract. Carriers have the ultimate authority to change their policies and procedures at any time. The timeline to complete a full book of business transfer ranges from 1-3 months depending on carrier approval and timelines.

For further information, questions, or concerns, please feel free to email us at help@appliedga.com or call 1-800-498-6880 and select option 1 to speak with a Broker Relations member.