



Agent Release Form

Contracted Agent Name (“Agent”):

National Producer Number:

Stanford Health Care Advantage Sales ID:

Releasing MGA/FMO/Agency (“Agency”):

Effective Date of Release:

1st day of _____, _____

This request, initiated by the **Stanford Health Care Advantage Contracted Agent (“Agent”)**, listed above, will serve as a request to be released from their Current MGA/FMO/Agency (“Agency”) from all sales and marketing obligations with that Agency.

It is understood that the Agent’s Stanford Health Care Advantage annual certification is good for a calendar year only, and must be renewed each successive year, with California and national licensing standards maintained.

Agent must be in “good-standing” as determined by Stanford Health Care Advantage. Agent’s status may be terminated for cause and/or lack of production, at any time by Stanford Health Care Advantage.

Should the Agency contract terminate, Agents affiliated with the terminated Agency will be considered “released” from that Agency concurrent with the effective date of the termination.

AGENT OF RECORD AND COMMISSIONS:

New enrollment applications submitted prior to above Effective Date of Release, shall be assigned and paid to the original Agency of Record as defined by the Agent-Agency relationship in place at the time the original enrollment application was submitted to Stanford Health Care Advantage. All renewal compensation will be paid to the original Agency of Record.

THIS RELEASE ONLY AFFECTS COMPENSATION THAT OCCURS AFTER THE EFFECTIVE DATE OF THE RELEASE.

All compensation and chargebacks remain the responsibility of the original Agency and Agent of Record at the original time of enrollment. The original Agency of Record maintains responsibility for compensating Agent for valid enrollments, renewals, and collecting chargebacks as warranted.

SIGNATURES

AGENT	RELEASING AGENCY	STANFORD HEALTH CARE ADVANTAGE
_____ (Signature)	_____ (Signature)	_____ (Signature)
_____ (Print Name)	_____ (Print Name)	_____ (Print Name)
_____ (Date)	_____ (Date)	_____ (Date)