

FMO AGENT and AGENCY Hierarchy Change Form

This form is required for agents and agencies to make changes to their Hierarchy structure. This Hierarchy Change form and a copy of the Release letter from the current Top of Hierarchy must be emailed to MedicareBrokerSales@FloridaBlue.com. The changes will not be made until approved by Florida Blue Medicare.

Section 1: Requesting FMO Agent or Agency (Identify who is moving?)	
FMO Agent or Agency Name: ___ I attest that I am not indebted to nor is there contested debt or items of value with the release agency identified in Section 2 below. Note: As an agent, if you have submitted enrollments in the 90 days prior to this request or if you are an agency, please obtain and submit a formal written release with this form.	FMO Agent or Agency AOR Number:
Section 2: Releasing FMO Agency (Who is the agent or agency moving from?)	
Name of Top of Hierarchy Agency (TOH):	TOH AOR Number:
Name of Immediate Upline Agency (if any):	Upline AOR Number:
Section 3: New FMO Agency (Who is the agent or agency moving to?)	
Name of New Top of Hierarchy (TOH):	TOH AOR Number:
Name of Immediate Upline Agency (if applicable):	Upline AOR Number (if applicable):
Section 4: Tier Level Change for Agencies ONLY	
Does the requesting FMO Agency require a Tier Level Change? Yes <input type="checkbox"/> If Yes, identify level below: <input type="checkbox"/> Platinum <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Bronze	Note: Agencies must transfer at their current or lower compensation level and remain at that level for a minimum of 6 months.

I have the authority to request the Agent or Agency (Referenced in Section 1) change agency relationships as identified in this form. I understand that this request is subject to approval and will not be effective until it is processed.

Print Name _____ Signature _____ Date: _____

Florida Blue Medicare Use Only:	
Approved By (Print): _____	Title _____
Signature _____	Date Approved ___/___/___