

# External Agent Release

## Policy and Request Form



External Agents must adhere to the Ultimate Health Plans Release Policy when terminating or changing their Field Marketing Organization (FMO). This policy applies to all third-party sales representatives certified to sell Ultimate Health Plans (UHP) products.

### **Immediate Release with FMO Approval**

External agents must obtain a release letter from their existing FMO to acquire an immediate release. It is up to the FMO to decide whether to release an agent before the 90-day delayed period. The current FMO must formally communicate the release of the agent either in writing on company letterhead, signed by the principal, and with a current or future effective date, or using the Ultimate Health Plans Agent Release Form. Release letters must be sent to UHP's Agent Support at [AgentAdmin@ulthp.com](mailto:AgentAdmin@ulthp.com). If the immediate release is accepted, it will be processed within 5-7 business days, and the agent will be notified by email when completed.

### **Immediate Release with UHP Approval**

External agents who have not submitted new business to UHP under their existing FMO for at least 90 days may be eligible for release without the approval of their FMO. Requests must be submitted in writing to UHP's Agent Support at [AgentAdmin@ulthp.com](mailto:AgentAdmin@ulthp.com). The final decision for immediate release without the FMO's approval is at UHP's discretion.

### **Delayed-Release Policy**

If an immediate release is not granted, the agent may request a delayed-release in writing. The agent's request for a delayed-release will take effect 90 days after UHP confirms receipt of the request. Requests must be sent to Agent Support at [AgentAdmin@ulthp.com](mailto:AgentAdmin@ulthp.com).

### **Blackout Period**

Immediate Release requests submitted between September 1st and December 31st will not go into effect until January 1st. Delayed-release requests submitted between September 1st and September 31st will not go into effect until January 1st. Agents can only terminate or change their FMO once per calendar year.

### **Agent's Status upon Release**

Once an agent has been released, they are free to join another contracted FMO. The agent must notify UHP in writing of the FMO they wish to join. The new FMO's name can be mentioned in the original request for release. The agent must maintain all license, training, certification, and appointment requirements with UHP.

### **Impact on Agent's Book of Business**

Any new business submitted, and renewals earned while the agent was contracted with the previous FMO will result in the appropriate overrides and, if applicable, commissions and renewals being paid to that FMO. We value your participation and support with Ultimate Health Plans. If you have any questions, contact our Agent Support at 877-322-4029 or [AgentAdmin@ulthp.com](mailto:AgentAdmin@ulthp.com).

**By completing and signing this form, you are confirming you have received, read and understand Ultimate Health Plans External Agent Release Policy.**

**Section 1: To Be Completed by FMO Requesting or Granting Immediate Release**

I, \_\_\_\_\_, grant immediate release from \_\_\_\_\_'s contract with my  
FMO Authorized Representative Agent's Full Name  
agency/FMO.

\_\_\_\_\_  
*Print FMO Authorized Representative Name*

\_\_\_\_\_  
*FMO Authorized Representative Signature*

\_\_\_\_\_  
*Date Signed*

**Section 2: To Be Completed by Agent Requesting a Delayed-Release**

I, \_\_\_\_\_, request a delayed-release for my contract with \_\_\_\_\_.  
Agent's Full Name Current FMO's Name

I request my contract be transferred to \_\_\_\_\_.  
Future FMO's Name

\_\_\_\_\_  
*Print Agent Name*

\_\_\_\_\_  
*Agent Signature*

\_\_\_\_\_  
*Date Signed*

**Office Use Only:**

\_\_\_\_\_  
*Print Ultimate Health Plans Reviewer*

\_\_\_\_\_  
*Print Ultimate Health Plans Approver*

\_\_\_\_\_  
*Ultimate Health Plans Reviewer Signature*

\_\_\_\_\_  
*Ultimate Health Plans Approver Signature*