

Transfer Release Request Form

Broker Requesting Transfer Release:

Printed Name _____

Signature _____

Broker ID _____

Date _____

Have you written any CNC business in the last 180 days? Yes No

NOTE: Agent should sign and send release form to fax 817-529-9157 or email to agentsupport@cnchealthplan.com. Once form is received, it will be forwarded to upline for approval/review.

FOR UPLINE USE ONLY:

Choose one option:

*** If no CNC business was written in the last 180 days as indicated above, the agent is eligible to be released immediately. Please sign the form indicating that you were made aware of the release taking place. Form can be returned to agentsupport@cnchealthplan.com or faxed to 817-529-9157.

Immediate Release Release after 90 days _____ (Release Date)

* If Immediate Release is not granted the release will automatically be granted at 90 days after the initial request was received.

** All commissions earned will remain with the upline at the time of the sale.

*** This release ONLY affects business written after the date of the release.

Upline Approving Transfer Release:

Principal Printed Name _____

Principal Signature _____

Date _____