



Molina Healthcare Immediate Release Form

Requesting a release for: (Please Mark one)

Individual Agent Only

or, Agency and Downline

Please fill out the below fields:

1) Broker Name/Agency Name:

Print Broker/Agency Name

Broker NPN /Molina Writing#/or Agency Tax ID

Signature (Agent/or Agency Principal)

Date

2) Immediate Upline Approving Transfer Release:

Agency Name (please print)

Principal Name (please print)

Signature (Principal)

Date

3) Upline/Top of Hierarchy Approval for Transfer Release:

Agency Name (please print)

Principal Name (please print)

Signature (Principal)

Date

*Note: If the releasing agency is both the Top of Hierarchy and the Immediate Upline, please complete #2 and #3.

There will not be a Release or Constructive Release effective date during the time period of October 1-December 15 of each calendar year. If a Release or Constructive Release should have been effective during that time period, it will be effective January 1.

Please email signed release form to mcbrokercontracting@molinahealthcare.com

For Molina Office Use Only:

Date Molina Received: _____

Effective Date of Transfer: _____

Molina Healthcare Internal Use Medicare Agent/Broker