



Molina Healthcare Constructive Release Form

Requesting a constructive release for: (Please Mark one)

Participating Producer Only

or, Agency and Downline

Please choose one of the following options:

Option #1 - Name of the new Upline Agency you are selecting:

Print Your Name

Broker NPN/or Molina Writing#

Signature

Date

Option #2 - Agency and Downline

Agency Name (please print)

Principal Name (please print)

NPN

Agency Tax ID

Signature (Principal)

Date

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 mcrbrokercontracting@molinahealthcare.com

For Molina Office Use Only:

Date Molina Received: _____

Effective Date of Transfer: _____