



MEDICARE BROKER HIERARCHY CHANGE FORM

(Form only required when agent has production within past 3 months)

Requesting a release for: (check one)

Broker Only

Agency and Downline Brokers

1) Broker/Agency Requesting Hierarchy Change:

Printed Name

Signature

Date

Broker National Producer Number

_____ **If unable to obtain hierarchy release**, please initial to submit intent to transfer and skip to step 3. Note: Intent to transfer requests will be processed the first of the month following the third month from the receipt of this request.

2) Original Top of Hierarchy Approving Change:

Printed Name (Principal of Agency)

Signature

Date

Agency Name (please print)

3) New Top of Hierarchy Approving Change:

Printed Name (Principal of Agency)

Signature

Date

Agency Name (please print)

4) Highmark Management Approval

Management Initials

Date