

**ambetter**  
HEALTH

# Direct Producer Request

This form is used to terminate existing direct contract & contract under a new Entity, Agency or Contract Type. Direct Producer Requests will not be processed during the Blackout Period of September 1 – April 15.

**Guidelines:**

- The Direct Producer requesting to become contracted under a different contract type must sign and date this form.
- Any commissions and membership that the Direct Producer earned while under their own contract and NPN noted on this form will not get transferred to any other producer, agency or NPN. No exceptions will be granted.
- Once the Direct Producer signs this release request, Ambetter Health will terminate the current Direct Producer's existing contract. The producer will then need to fill out a new contract once approved by Ambetter Health to complete.
- Once Ambetter Health receives this form and any requested information, termination under the existing contract may take up to 15 business days.
- Any NPN changes will need to be done at the Marketplace.
- Commissions on business submitted prior to this change will continue to get paid to the Direct Producer's payable NPN or current agency's EIN, if the Producer is currently having commissions paid to his or her Agency.
- Producer understands that any new business submitted after the new contract is executed will then be paid to the new Entity of which the Producer becomes contracted under.
- Producer understands this form is to allow for termination of existing direct contract to later contract under another Ambetter Health contract type once Ambetter Health provides approval to do so.
- Producer understands this is not a request to transfer commissions. This is a request to terminate direct current contract to contract under another chosen Entity.
- Ambetter Health reserves the right to deny this Direct Producer Request. Ambetter Health does not under any circumstance transfer membership or commissions.
- All signatures and signature dates must be signed within 30 calendar days of receipt of the form and no earlier than April 15.

## SECTION A – Direct Producer Request and Signatures

### Direct Producer

Name (Print):	Direct Producer's EIN (If individual agent enter SSN, if Agency enter tax ID):	Direct Producer NPN:
Principal Signature:		Signature Date:

## SECTION B – Producer Attestation (Signature required by Producer requesting to change contracting Ambetter Health Entity and Contracting.)

By signing this Direct Producer Request, I attest the following:

- All information contained on this Direct Producer Request is true and accurate.
- Direct Producer must still be properly licensed, contracted and appointed at the time of this request in respective states.
- Ambetter Health is dissolved from any disputes that occur between parties.
- Ambetter Health is dissolved from any disputes that may occur between Direct Producer and future contracting Entity they choose.
- Ambetter Health reserves the right for any reason to deny a Direct Producer Request.
- Ambetter Health does not intervene and should not be asked to be involved in Principal and contracting Entity discussions, issues, disagreements, or decisions.
- All commissions earned to contracting Agency and Principal noted on this Direct Producer Request will remain with that Agency. Commissions and membership will not move with the Sub-Producer to the Sub-Producers subsequent contracting agreements.

Producer Signature:	Signature Date:
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**PLEASE SUBMIT REQUEST TO:**  
[Ambetterbrokers@centene.com](mailto:Ambetterbrokers@centene.com)