

## Notice of Intent to Transfer Policy

In the event an agent is unable to obtain release from their immediate and/or top of hierarchy upline, they may request a release by sending a completed **Notice of Intent to Transfer Form** to [brokers@myzinghealth.com](mailto:brokers@myzinghealth.com).

- Upon receiving the completed Notice of Intent form, a 60-day waiting period (60 calendar days) will be placed on the agent's profile before being able to transfer to a new upline.
- Agents may still write business during this timeframe. All business written within this timeframe will remain consistent with the agent's current upline agreement.
- Reference your contracting status and Ready to Sell reporting in Evolve to confirm completion once the 60-day timeframe has passed.
- Agents are limited to 2 changes per 6-month period.
- Notice of Intent Policy applies to all Zing Health and Lasso Healthcare contracts.

### Release Timeline

Requests Received	Process Date
1/1-9/30	60 calendar days from date on form
10/1-12/31	By January 15 <sup>th</sup> of the following year



## Notice of Intent to Transfer Form

In the event a broker is unable to obtain release from their immediate and/or top of hierarchy upline, they may request a release by sending this form completed via email to [brokers@myzinghealth.com](mailto:brokers@myzinghealth.com). This will start a 60-day transition period to which a broker will then be able to transfer to a new upline.

I, \_\_\_\_\_ (requestor name), hereby formally submit a request to transfer my contract hierarchy for both Zing Health and Lasso Healthcare from \_\_\_\_\_ (current upline) to \_\_\_\_\_ (new upline.) This request was submitted on \_\_\_\_\_ (Date) to Zing Health.

I understand that once the Notice of Intent to Transfer form has been submitted, I will remain under my current hierarchy for **60 days** before the change will be processed. I understand that I may continue to write business under my existing hierarchy during that time.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Requestor

Please review our Notice of Intent to Transfer Policy for additional information.

### Release Timeline

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Please email completed form to

[brokers@myzinghealth.com](mailto:brokers@myzinghealth.com)