

AUTHORIZATION REQUEST FOR BROKER BOOK OF BUSINESS TRANSFER FORM

Dear Broker,

To provide the best service and protection to you and your clients, Blue Cross of Idaho must review and approve all book of business (BOB) transfers from one broker or agency to another. For a BOB purchase or transfer to be approved, Blue Cross of Idaho requires both the buying and selling parties to be licensed to sell disability (health) insurance in Idaho, appointed with Blue Cross of Idaho and not under investigation for fraud or misrepresentation. If the selling broker is part of an agency, the agency principal must provide approval of transfer as well.

Your Health Idaho (YHI) is the system of truth for all business sold through the marketplace. Blue Cross of Idaho will not update on-exchange policies until they are updated with YHI. Please visit their website at : yourhealthidaho.org for more information.

Medicare Advantage (MA) certification is required if any of the business includes clients enrolled in Medicare Advantage policies. Broker MA certification training and testing occurs annually in the fall. Please contact brokerrelations@bcidaho.com for more information.

Next steps:

1. Review the attached Book of Business Report we have included for your convenience.
2. Contact YHI to transfer business in their system. Blue Cross of Idaho will not transfer any on-exchange policies.
3. Complete the attached Purchase Agreement form and return it electronically to Broker Relations at 208-286-3594 or brokerrelations@bcidaho.com. Please allow two weeks for the agreement to be reviewed.

Once approved, Blue Cross of Idaho requires 60 days from the first of the following month to complete the BOB transfer.

If you have any questions, call Broker Relations at 855-659-9159 or email brokerrelations@bcidaho.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Zurlo".

Paul Zurlo
Sr. Vice President,
Consumer and Commercial Insurance Markets

Due to significant disruption to your business, we will not process book of business transfers with effective dates between October 1 and January 1.



AUTHORIZATION REQUEST FOR BROKER BOOK OF BUSINESS TRANSFER FORM

Please complete this form and submit to **brokerrelations@bcidaho.com** to transfer the Book of Business (BOB) from one broker to another broker. Prior approval is required from Blue Cross of Idaho. **Please allow two weeks for determination.**

 To Broker Name Idaho License Number Blue Cross of Idaho Broker Number

 From Broker Name Idaho License Number Blue Cross of Idaho Broker Number

1. Is the purchasing broker licensed by the Idaho Department of Insurance to sell disability (health) insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the purchasing broker YHI certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the purchasing broker MA certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is this move within an agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the purchase/transfer for the entire Blue Cross of Idaho BOB? <i>If yes, please note: your Blue Cross of Idaho company appointment will be terminated and all lines of business will be transferred.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the purchase/transfer for a partial Blue Cross of Idaho BOB? <i>If partial, please specify the business lines below or attach your BOB report with the changes noted if applicable.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Group <input type="checkbox"/> Individual (includes Medicare Supplement and Short Term) <u>All on-exchange business must first be transferred through Your Health Idaho.</u> <input type="checkbox"/> Medicare Advantage (MA) <input type="checkbox"/> Dental (if bundled with medical, both plans must transfer) <input type="checkbox"/> Other – Please explain _____ _____ _____	

AUTHORIZATION

I _____ (From Broker) authorize Blue Cross of Idaho to transfer the business lines indicated above to _____ (To Broker). External BOB Transfers will be effective 60 days from the first of the following month the request is received. Internal agency BOB moves will be processed the first of the following month after received. If the transfer is within an agency, the selling broker signature is not required.

From Broker Signature: _____ Date: _____

Selling Agency Principal Signature: _____ Date: _____

To Broker Signature: _____ Date: _____

SAMPLE CLIENT LETTER TEMPLATE

for the selling broker to send to clients advising of the transfer.

Thank you for you for choosing me as your health insurance broker. I decided to sell my health insurance business to_____effective_____ and I am confident that he/she will provide you with the same superior service that you received from me. Please see their contact information below.

I appreciate the opportunity to serve as your health insurance agent and wish you the best in your future.

Sincerely,

NEW BROKER INFORMATION

Name:_____

Address:_____

Address:_____

Phone Number:_____

Email:_____