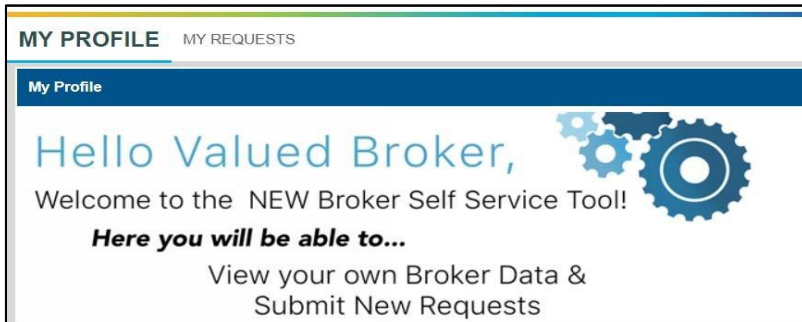


Book of Business Transfer: Step by Step Guide

Accessing & Submitting a Book of Business Transfer Request

To submit a Book of Business Transfer request, start by accessing your Online Broker Self Service Tool, then follow the steps noted below to proceed.

Step 1: Select **MY PROFILE** to access your personal profile.



Step 2: Locate and select the title labeled **Book of Business Transfer**.

This will navigate you to the Request Form for submission.



Step 3: Prepare your Book of Business Transfer Request Letter prior to submission. The letter must include the following:

- I. Date
- II. Signature
 - a. For corporation or agency requests, the Principal or President of the agency's name must be in the signature line on the letter with title. The signer's name CANNOT be the name of the agency. (Ex: John Smith is the Principal of Smith's Agency. Name and signature on the request letter should be John Smith, Principal).
- III. If the request is for a corporation or agency, it **must** be on company letterhead.
- IV. Must provide line of business requesting the transfer. (**Please Note:** You must specify which Line of Business the request is for: Med Supp or Commercial. Only one line of business can be selected for each request. If you would like to transfer two lines of business, then two requests are required to be submitted).
- V. Broker must provide **Full CONTRACT Name, Broker ID, and Tax ID** of parties involved in the BOB transfer.

A signed and dated Book of Business letter is required. Please attach.

Attach File *

Comment Section (Provide justification for the retro request in the space provided below): *

Step 4: Select the Line of Business - Medicare Supplement or Commercial

- Brokers must submit a separate request for each line of business for it to be processed. (EX: If broker has Med Supp and Commercial business, they will need to submit 2 requests. One for Med Supp and the other for Commercial).

Book of Business Transfer

Broker Contracting
Book of Business Request Form

Book of Business Demographics

Line of Business *

--select--
Med Supp
Commercial

Note: If you would like to submit a Book of Business Transfer request for both your Medicare Supplement Business and Commercial line of Business, please submit two separate Book of Business Transfer Requests.

All BOB Requests will be submitted the 1st of the following month. If the Book of Business Transfer is submitted prior to the 25th of the current month, it will be processed the 1st of the following month. However, any Book of Business request submitted after the 25th of the current month, it will be processed the 1st of the next following month.

Accepted Book of Business Requests

Medicare Supplement	Commercial
<ul style="list-style-type: none"> Selling Agent to Selling Agent if pay type is Split Individual Broker to Individual Broker Corporation to Corporation Individual Broker to Corporation (Not Agency) Entities are Contracted and Licensed in the same State Agency to Agency 	<ul style="list-style-type: none"> Individual Broker to Individual Broker Corporation to Corporation Individual Broker to Corporation Entities are Contracted and Licensed in the same State

Step 5: Select the Region: CA

Region:

California

Step 6: Select a requested BOB date and BOB type.

Requested Book of Business Effective Date must be the first of the following month. Requests for past effective dates will be denied. All BOB requests will be submitted on the 1st of the following month. If BOB transfer is requested on the 25th of the current month, it will be processed on the 1st of the following month. The business types that need to be selected are:

- Medicare Supplement ONLY
- Commercial Business- (IFP and Group gets transferred together)
- All IFP- (IFP gets transferred ONLY)
- All Group (Group gets transferred ONLY)

Step 7: Attach BOB letter to request (Refer to Step #3 for requirements).

The Principal or President of the agency's name must be in the signature line on the letter. When signing the letter for the BOB the signatures **CANNOT** be the name of the agency. The signatures will need to be the President/Principal actual name. (EX: If the agency name is Healthnet then the signature will need to be John Smith because he is the President/Principal of the agency.

Requested Book of Business Effective Date: *

Book of Business Type: *

Medicare Supplement Business Only

Commercial Business (Off-Exchange Business Only)

All IFP

All Group

A signed and dated Book of Business letter is required. Please attach

Step 8: Must put in transferring agent information. Please verify the broker ID and NPN fields for the transferring and receiving broker/agency are filled in and correct before submitting. Transferring agent is the person selling the book of business and can only submit request. **If you are transferring an agency please make sure you are inputting agency tax id not personal ssn.**

Transferring Agent

Agent/Agency: *

Individually Contracted Agent Selling Agent (Medicare Supplement only) Individually Contracted Agent/Agency (Commercial only)

Agent ID * Agent NPN: * Agent Tax Id *

Agent Email * Agent name

Agency Name Agency Id

Step 9: Put in all receiving agent info. Receiving brokers must be contracted for the requested line of business before the Book of Business Transfer is submitted. Receiving agent is the person that is buying the book of business from transferring agent. Please verify that the broker ID and NPN fields for the transferring and receiving broker/agency are filled in and correct before submitting. **If you are transferring your agency to the receiving agency please make sure you are inputting agency tax id not personal ssn.**

Receiving Agent

Agent/Agency: *

Individually Contracted Agent Selling Agent (Medicare Supplement only) Individually Contracted Agent/Agency (Commercial only)

Agent ID: * Agent NPN: * Agent Tax Id *

Agent Email: *

Agent Name

Agency Name Agency Id

Step 10: Then select **Submit**.

* You must submit Book of Business requests 30 days in advance. There is a 30-day grace period and retroactivity can only be approved by Management. Retroactivity is any request 30 days prior from date of submission.

Medicare: Receiving and Transferring agents are required to pass all good standing checks. (Agents must have an active Contract, License and Training at time of transfer).

Commercial: Group and On-Exchange are not allowed.

A BOB request will terminate Transferring Agents contract.

Submit

Common Incomplete / Denied Book of Business Request Reasons:

- Invalid or missing Broker IDs and/or NPNs.
- Retro effective dates.
- Transferring and receiving brokers/agency are not contracted for the same line of business. (EX: Med Supp broker to Commercial broker or Commercial broker to Med Supp broker).
- The receiving broker is not contracted for the requesting line of business.
- Brokers are putting all lines of business to be transferred.
- Broker selling to an agency or an agency selling to a broker.
- Agency name is listed in the signature line.
- Receiving broker/agency is not licensed in CA.
- Receiving broker submits the Book of Business Transfer request. This would be denied. Only the transferring broker/agency must submit the Book of Business Request.

Next Steps:

- Once you have submitted your request, please wait and you will receive an email correspondence stating your request has been successfully completed or additional information is needed to proceed. If your request is not an accepted Book of Business Request type, then the request will be denied, and you will be notified. If you receive a incomplete BOB you will have 14 days to fix error, otherwise it will be shelved and you will have to re-submit BOB transfer. **Once a BOB transfer is approved, the transferring broker's contract will be terminated with Health Net and if he/she wishes to do further business with Health Net in the transferring broker will have to re-contract.**

Need Assistance?

Contact the Broker Services Center

If you have any questions or need further assistance, please reach us at:

Phone: 1-800-909-3447 (Option 3)

Email: brokers@healthnet.com