



Right Care. Right Choice. Right Now.

AGENT BUSINESS TRANSFERRAL FORM (ABTF)

The current Agent of Record may designate that a new Agent/Agency of Record be established for the type of policies identified below. The change of payment to an agent or new agency will only be applicable to future commissions payable after we have processed this form. You can only name a new Agent/Agency of Record for business that you are the current Agent of Record on.

SECTION 1 – AGENT INFORMATION		
Agent Name (Please print)	SSN	Agent Number/NPN
Business Address (Will only apply to the agent named above) (Change? <input type="checkbox"/> Yes <input type="checkbox"/> No)		
Email (Change? <input type="checkbox"/> Yes <input type="checkbox"/> No)		Cell Phone:

SECTION 2: Complete for each applicable type of business
--

MEDICARE	HEALTH EXCHANGE PRODUCTS
<input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business	<input type="checkbox"/> Future Business Only <input type="checkbox"/> Existing & Future Business
PAY TO: Agent/Agency Name	PAY TO: Agent/Agency Name
SSN/TIN	SSN/TIN
Agent Number/NPN	Agent Number/NPN

SECTION 3: SIGNATURE OF AGENT LISTED IN SECTION 1

This form may only be agreed to and signed by the Agent of Record who is currently receiving commissions on the above referenced policies. As the current Agent of Record (AOR), I am requesting that the AOR be changed for the type of policies as indicated on this form. 1099 forms will reflect the amount of compensation that the Agent/Agency of Record received for any given year. All business and commissions are subject to the terms and provisions of the Molina Producing Agent contract. State regulatory licensing and appointing requirements regarding payment of commissions apply. The Agent of Record on a policy can only be changed by the current Agent of Record. Once completed, please securely upload the completed form to your www.righterinsurance.sharefile.com account or fax to: 1-866-830-8229 or email debbie@righterinsurance.com.

Signature of Agent	Date
--------------------	------