

Clover Health

Notice of Intent to Transfer Form / Signed Release Form

IMPORTANT: Complete only the TOP or BOTTOM portion of this form based on the option you are choosing below (“notice of intent to transfer” or “signed release”). You must submit the sheet, signed by all necessary parties, to the Clover Health Agency Transfer Form. Please note, transfers are not permitted from October 1–December 31.

Notice of Intent to Transfer – Option 1

There is a 90-day waiting period from the date this form is submitted to when the change can be processed on Clover Health’s side. You may continue to write business during this time. You will be moved on the 1st of the following month after your 90 days.

1. Name of new Agency/Upline:

2. Individual agent or agency requesting transfer:

Agent Signature

Agency Name

NPN

Date

Signed Release – Option 2

An agent may move agencies with a signed release even if the agent wrote business. An agent may move without a signed release if they have not written Clover Health business in the last 6 months.

1. Individual agent or agency requesting transfer:

Agent Signature

NPN

Date

2. Approval from current upline:

Principal Signature

Agency Name

NPN

Date

Once completed, please submit the form here: [Clover Health Transfer Form](#). For more information on group changes, please visit our [Broker FAQ page](#) or email contracting@cloverhealth.com.

Clover Health is a Preferred Provider Organization (PPO) plan and a Health Maintenance Organization (HMO) plan with a Medicare contract. Enrollment in Clover Health depends on contract renewal.

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