Transferring A Book of Business

Use this form to request a book of business transfer between St. Luke's Health Plan–appointed agents.

Agent designation changes take effect on the first day of the month following the date the designation is made. For example, to begin receiving commissions on January 1, the designation must be completed no later than December 31. St. Luke's Health Plan cannot backdate or postdate agent designations.

Once the new agent designation is processed, affected members will receive a notification in their St. Luke's Health Plan member portal inbox. It is the responsibility of the agent to inform their clients of the change prior to the transfer.

☐ I attest that I have contacted my clients regarding the book of business transfer and informed them of the change in Agent of Record.

NOTE: Book of business transfers apply only to members enrolled directly through St. Luke's Health Plan. For members enrolled on the Your Health Idaho (YHI) exchange, agents must complete the book of business transfer through YHI following their established process.

Current Book of Business Holder TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK			
Last Name	**First Name**	**Agency Name**	
Address		**City and State**	**Zip Code**
Work Phone ( )		**Cell Phone** ( )	
Email			

Do you intend to transfer your entire book of business?

☐ Yes

☐ No *(If no, you must include the complete list of clients to be transferred)*

St Luke's HEALTH PLAN

NEW Book of Business Holder TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK			
Last Name	**First Name**	**Agency Name**	
Address		**City and State**	**Zip Code**
Work Phone **( )**		**Cell Phone** **( )**	
Email			

By filling out this form, I declare that the above transfer details are valid and agreed upon by both parties.

Signature of Current Book Holder: _____ **Date:** _____

Signature of Recipient: _____ **Date:** _____

Submit signed book of business transfer request to brokerservices@slhealthplan.org. You will be notified when your request is received.