

eternalHealth Agent Business Release Form

Thank you for your interest in the eternalHealth Agent Business Release Form. Please use this form to request the reassignment of your Individual Medicare business to another ready-to-sale agent. Transfer of the book of business will be effective the first of the month following the approval of the Agent Business Release Form. Commissions for transferred membership will be assigned to the new Agent of Record in accordance with the current commission cycle of the members. Agency level commission will follow the transfer of the book of business.

Submit the completed form to eternalHealth Broker Support via email to brokersupport@eternalHealth.com

Current Agent of Record		New Agent of Record	
Name:		Name:	
NPN:		NPN:	
Phone:		Phone:	
Email:		Email:	
FMO/Agency (if applicable)		FMO/Agency (if applicable):	

Select the type of Agent Business Release you are requesting:

- ☐ I am selling my entire book of business (eternalHealth Broker Support will confirm your membership list upon approval)
- ☐ I am selling a portion of my book of business (use the AOR Business Release Member Template to submit a list with this form)

Attestation by the Current Agent of Record:

- ☐ I attest that I will send a notification letter to all members affected by this change upon approval.

Current Agent of Record

New Agent of Record

Signature: _____ Signature: _____

Date: _____ Date: _____