Blue Cross of Idaho

AUTHORIZATION REQUEST FOR BROKER BOOK OF BUSINESS TRANSFER FORM

To provide the best service and protection to you and your clients, Blue Cross of Idaho must review and approve all book of business (BOB) transfers from one broker or agency to another. For a BOB purchase or transfer to be approved, Blue Cross of Idaho requires both the buying and selling parties to be licensed to sell disability (health) insurance in Idaho, appointed with Blue Cross of Idaho and not under investigation for fraud or misrepresentation. If the selling broker is part of an agency, the agency principal must provide approval of transfer as well.

Your Health Idaho (YHI) is the system of truth for all business sold through the marketplace. Blue Cross of Idaho will not update on-exchange policies until they are updated with YHI. Please visit their website at : ***yourhealthidaho.org*** for more information.

Medicare Advantage (MA) certification is required if any of the business includes clients enrolled in Medicare Advantage policies. Broker MA certification training and testing occurs annually in the fall. Please contact ***brokerservices@bcidaho.com*** for more information.

Next steps:

1. Review your Book of Business report.
2. Contact YHI to transfer business in their system. Blue Cross of Idaho will not transfer any on-exchange policies.
3. Complete the attached Purchase Agreement form and email it to Broker Services at ***brokerservices@bcidaho.com*** or by fax to 208-286-3594.
   Please allow two weeks for the agreement to be reviewed.

Blue Cross of Idaho requires up to 45 days from first of following month to complete the BOB transfer.

If you have any questions, call Broker Services at 208-286-3610 or email ***brokerservices@bcidaho.com***.

Due to significant disruption to your business, we will not process book of business transfers with effective dates between October 1 and January 1.

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Please complete this form and submit to ***brokerservices@bcidaho.com*** to transfer the Book of Business (BOB) from one broker to another broker. Prior approval is required from Blue Cross of Idaho. Please allow two weeks for determination.

From Broker Name	Idaho License Number	Blue Cross of Idaho Broker Number

To Broker Name	Idaho License Number	Blue Cross of Idaho Broker Number

1. Is the purchasing broker licensed by the Idaho Department of Insurance to sell disability (health) insurance?	☐ Yes ☐ No
2. Is the purchasing broker YHI certified?	☐ Yes ☐ No
3. Is the purchasing broker MA certified?	☐ Yes ☐ No
4. Is this move within an agency?	☐ Yes ☐ No
5. Is the purchase/transfer for the entire Blue Cross of Idaho BOB?	☐ Yes ☐ No
6. Is the purchase/transfer for a partial Blue Cross of Idaho BOB? If partial, please specify the business lines below or attach your BOB report with the changes noted if applicable. ☐ Group ☐ Individual (includes Medicare Supplement and Short Term) All on-exchange business must first be transferred through Your Health Idaho. ☐ Medicare Advantage (MA) ☐ Dental (if bundled with medical, both plans must transfer) ☐ Other – Please explain _____	☐ Yes ☐ No

AUTHORIZATION

I _____ (From Broker) authorize Blue Cross of Idaho to transfer the business lines indicated above to _____ (To Broker). If the transfer is within an agency, the selling broker signature is not required. The BOB transfer form must be completed and received by the 20th of the month to ensure an effective date not to exceed 45 days from the date of receipt.

From Broker Signature: _____ Date: _____

Selling Agency Principal Signature: _____ Date: _____

To Broker Signature: _____ Date: _____

SAMPLE CLIENT LETTER TEMPLATE

For the selling broker to send to clients advising of the transfer.

Thank you for choosing me as your health insurance broker. I decided to sell my health insurance business to_____effective_____ and I am confident that he/she will provide you with the same superior service that you received from me. Please see their contact information below.

I appreciate the opportunity to serve as your health insurance agent and wish you the best in your future.

Sincerely,

NEW BROKER INFORMATION

Name:_____

Address:_____

Address:_____

Phone Number:_____

Email:_____