



Notice of Intent to Move Form Request

Please complete all required fields on the form using the guidance below:

1. Name
 - Enter your First and Last Name or Agency name exactly as it appears on your license.
2. Producer Identifiers
 - Enter your NPN or Writing Number / Agent ID*
 - Enter your Party ID*
3. Upline Information
 - Enter your Intended Upline
 - Enter your Intended Upline's Writing Number / Agent ID or NPN
4. Submit the Form
 - Email the completed form to the appropriate area:
 - Medicare Plans: shcerts@uhc.com
 - Individual & Family Plans (IFP): exchangescontracting@uhc.com
 - New York Essential Plan: nyepcontracting@uhc.com

** Note: Your Writing Number/Agent ID, and Party ID can be found in your Jarvis profile under Manage My Account.*

Name

Email Address

Writing Number/Agent ID

Party ID:

- Medicare Plans
- Individual & Family Plans
- New York Essential Plan

Your Intended Upline

Writing Number/Agent ID or NPN of intended Upline