

**UnitedHealthcare Medicare Plans  
Successor Agent Program Interest Form**

Thank you for your interest in UnitedHealthcare's Successor Agent Program. Fill out the following information completely and legibly to enable UnitedHealthcare to review eligibility of the Original and Successor Agents or Agency's.

By signing this form, Original Agent/Agency and Successor Agent/Agency are indicating that they have read the Successor Agent Program Requirements and that they have an interest to transfer Original Agent's/Agency's UnitedHealthcare book of business to Successor Agent/Agency. UnitedHealthcare will notify the Original Agent/Agency regarding eligibility within 30 days of receiving this signed form. **If eligible, a formal contract will be sent to the email address we have on file via Adobe Sign.**

Transfer of the book of business will be effective **immediately** upon completion of this process. **NOTE: All the Original Agent or Agency's active writing ID's will be terminated upon execution of the agreement. (Individual & Family ACA Marketplace Plan and New York Essential Plan writing ID's will not be impacted)**

Please refer to the Agent Guide for the complete Successor Agent Program policy.

**ORIGINAL AGENT or AGENCY INFORMATION**

**NAME:** \_\_\_\_\_

**PARTY ID #:** \_\_\_\_\_

**SIGNATURE AGENT or AGENCY PRINCIPAL:**

\_\_\_\_\_

**SIGNATURE DATE:** \_\_\_\_\_

**SUCCESSOR AGENT or AGENCY INFORMATION**

**NAME:** \_\_\_\_\_

**PARTY ID#:** \_\_\_\_\_

**SIGNATURE AGENT or AGENCY PRINCIPAL:**

\_\_\_\_\_

**SIGNATURE DATE:** \_\_\_\_\_

Will down-line be moving to new Agent or Agency? (Circle One) **Y      N      N/A**

All standard release rules in the Agent Guide apply. If the Original Agent/Agency and/or the Original Agent/Agency's downline move to the Successor Agent/Agency's hierarchy, approval from the Original Agent/Agency's current FMO is required and must be submitted with this Successor Agent Interest Form.

**Please describe the plan for servicing the members in the book of business being transferred.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attestation Language for Interest Form Completed by Agent or Agency Seeking to Transfer their Business to another Agent or Agency:**

I attest that:

- ☐ I am not seeking to transfer my business for any fraudulent or inappropriate purpose including, but not limited to, for the purpose of avoiding creditors, restitution or garnishment.
- ☐ There are no pending complaints or open inquiries with any government authority, including, but not limited to a department of insurance, regarding myself or any company of which I am a shareholder\* and/or officer.
- ☐ There are no pending criminal charges against me or any company of which I am a shareholder\* and/or officer.
- ☐ Neither I nor any company of which I am a shareholder\* and/or officer has been convicted of a crime in the last two years.

If I cannot attest to the above, I have attached an explanation for consideration by United.

Email completed form to: **sh\_commissions\_administration@uhc.com**. Questions: Call the Successor Agent Hotline at 888-240-9165.

UnitedHealthcare reserves the right to rescind the Successor Agent Program at any time. Any rescission of the program will not impact books of business already transferred but could impact pending requests.

\*Excludes publicly traded companies