BROKER RELATION/TRANSFER FORM

(For Ohio Small Group Market Only)

Anthem.

Instructions:

1. Section I of the form must be completed and signed by the Advantage or Standard Broker and forwarded to the Elite Plus Broker to complete Section II. Upon completing Section II, the Elite Plus Broker will send the form to the applicable Ohio sales office for processing. If any portions of Sections I or II are incomplete, the form will be returned to the Advantage or Standard Broker.

2. Advantage or Standard Broker must provide a 60-day advance verbal notice to the Anthem Account Executive when requesting to work with, or transfer to another Elite Plus Broker. In addition, Advantage or Standard and Elite Plus Brokers must complete the Broker Relation/Transfer Form and submit to the Anthem Account Executive 45-days prior to the effective date of the change. An Advantage or Standard broker may chose to change relationships with Elite Plus brokers one time per calendar year, the 45 day advance notice still applies. Broker relationships will be effective on the first of the month following the 45 day notice requirement.

3. If a broker who qualifies at the Champion or Elite Broker Level under Anthem's Broker Level Policy requests to work with a Elite Plus Broker by signing this Broker Relation/Transfer Form, such Broker will be treated as an Advantage Broker under the Broker Level Policy and Broker Agreement on and after the effective date of the change. **Please print or type information for Sections I & II.**

Section I. BROKER INFORMATION (ADVANTAGE OR STANDARD)

Broker/Business Name			Social Security Number or Tax ID
Business Address	**City**	**State**	**Zip Code**
Business County	**Business Phone Number**	**Business Fax Number**	**Business E:Mail**
Resident Address	**City**	**State**	**Zip Code** / **Resident Phone**

By signing, ADVANTAGE OR STANDARD BROKER agrees to work with the named Elite Plus broker effective on the date specified by Anthem. ADVANTAGE OR STANDARD BROKER will comply with the terms of the broker contract as it relates to the relationship between the Advantage or Standard and Elite Plus broker levels and will notify Anthem in writing when the relationship with the Elite Plus broker ceases to exist.

Signature	Date

1. Is this your first request to work with a Elite Plus Broker? YES ☐ NO ☐ *If no, please answer questions 2 and 3*
2. If this request is a transfer, please name the Elite Plus Broker that you worked with previously _____
   _____ Tax ID/SS#_____
3. Why do you wish to transfer to another Elite Plus Broker?_____
   _____

Section II. BROKER INFORMATION (ELITE PLUS)

Broker/Business Name			Social Security Number or Tax ID
BROKERNET/MAY INS SVCS, INC.			311-62-7358
Business Address	**City**	**State**	**Zip Code**
355 E. CAMPUS VIEW BLVD, STE 120	COLUMBUS	OH	43235
Business County	**Business Phone Number**	**Business Fax Number**	**Business E:Mail**
FRANKLIN	614/431-1899	431-1826	
Resident Address	**City**	**State**	**Zip Code** / **Resident Phone**

By signing ELITE PLUS BROKER agrees to work with the named Advantage or Standard broker effective on the date specified by Anthem. ELITE PLUS BROKER will comply with the terms of the broker contract as it relates to the relationship between the Elite Plus and Advantage or Standard broker levels and will notify Anthem in writing when the relationship with the Advantage broker ceases to exist.

Signature	Date

_____ Anthem Account Executive Signature

_____ Date

_____ Anthem Account Executive *(Please Print Name and Sales Code)*

_____ Regional Management Signature

_____ Date

NOTE: The Anthem Account Executive will review, sign and send form to: AMW Agent Licensing & Contracting Dept.
P. O. Box 7104
Indianapolis, IN 46207-7104

For Office Use Only:

Receipt Date	Effective Date	Licensing/Contracting Rep

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