Molina Healthcare Release Form

Requesting a release for: (Please Mark one)

Individual Agent Only ☐ or, Agency and Downline ☐

Please fill out the below fields:

1) **Broker Name/Agency Name:**

_____ _____

Print Broker/Agency Name Broker NPN /Molina Writing#/or Agency Tax ID

_____ _____

Signature (Agent/or Agency Principal) Date

2) **Immediate Upline Approving Transfer Release:**

_____ _____

Agency Name (please print) Principal Name (please print)

_____ _____

Signature (Principal) Date

3) **Upline/Top of Hierarchy Approval for Transfer Release:**

_____ _____

Agency Name (please print) Principal Name (please print)

_____ _____

Signature (Principal) Date

*Note: If the releasing agency is both the Top of Hierarchy and the Immediate Upline, please complete #2 and #3.

There will not be a Release or Constructive Release (Delayed Release) effective date during the time period of October 1-December 15 of each calendar year. If a Release or Constructive Release should have been effective during that time period, it will be effective January 1.

Please email signed release form to mcrbrokercontracting@molinahealthcare.com

For Molina Office Use Only:

Date Molina Received: _____

Effective Date of Transfer: _____

Molina Healthcare Internal Use Medicare Agent/Broker