



Agent Change Request Form

Please complete and submit this form to transfer a partial or full book of business to another agent. The form must be signed by the transferring agent (or an authorized officer of the transferring agency) and the assuming agent (or an authorized officer of the assuming agency).

Section A – Transferring Agent and Agency	
Agent Name	
NPN	
Agency	
Address	
Phone	
Email	
Please provide additional information regarding this request: <input type="checkbox"/> Transfer my full Lasso Healthcare book of business -OR- <input type="checkbox"/> Transfer a part of my Lasso Healthcare book of business (attach list of members being transferred to this form) Reason for transfer: _____ Requested effective date: _____	
I understand that Lasso Healthcare will review this transfer request and, if approved, will determine the effective date of transfer. I certify that all members will be contacted regarding this transfer and understand that there will be a change in the Agent of Record. I certify that I am authorized to request this transfer and that information on this request is correct and complete to the best of my knowledge. Signature _____ Date _____	
Section B – Assuming Agent and Agency	
Agent Name	
NPN	
Agency	
Address	
Phone	
Email	
I understand that Lasso Healthcare will review this transfer request and, if approved, will determine the effective date of transfer. I agree to service all policies included in the transfer. I certify that I am authorized to assume the transferred policies and that information on this request is correct and complete to the best of my knowledge. Signature _____ Date _____	

Please mail completed form to: Lasso Healthcare, P.O. Box 60690, Harrisburg, PA 17106