Producer Release Request

Guidelines Acknowledgement- Enter Sub-producer initials next to each guideline below to acknowledge receipt and understanding:

_____ **Both the Principal of the Agency and Sub-Producer of the Agency must sign and date this Producer Release Request.**

_____ Any commissions and membership earned by the Sub-Producer while contracted under the Agency and Principal identified on this Producer Release Request **will remain with that Agency and Principal** and **will not transfer** to any subsequent contracting Agency. **No exceptions will be granted.**

_____ Once the acting Agency's Principal and Sub-Producer sign this Producer Release Request, Ambetter Health will terminate the Sub-Producer's existing contract. The Sub-Producer will then need to fill out a new agreement to contract under a new Agency after the Sub-Producer is approved to contract under another Entity from an Ambetter Health Account Executive.

_____ Upon receipt of a complete and properly executed **Producer Release Request**, termination of the existing contract **may take up to fifteen (15) business days** to process.

_____ Producer Release Requests **will not be processed** during the annual Blackout Period, defined as **June 15 through April 15**, regardless of submission date.

_____ Ambetter Health reserves the right to deny this Producer Release Request. Ambetter Health does not under any circumstance transfer membership or commissions.

_____ All signatures and signature dates must be signed within 30 calendar days of receipt of the form and no earlier than April 15.

_____ Any form returned with an e-signature needs to have the signature completed via DocuSign with proof of DocuSign attached and submitted with the Producer Release Request.
Incomplete or improperly executed Producer Release Requests will be returned without processing.
All required fields, initials, signatures, and supporting documentation (if applicable) must be completed for the request to be reviewed.

_____ Sub-producers can only execute a new producer agreement under the receiving agency for only states and entities where they were previously authorized to sell under the first agency entity.

Will the Sub Producer be RE-CONTRACTING with Ambetter within the next 7 days? ☐ **YES** ☐ **NO**

If Yes, complete Section A and B.
If No, complete Section B. Note: if No is selected and the Agent wishes to re-contract there could be a delay with re-contracting.

SECTION A: Re-contracting Agent and New Agency Information	
Agent Name:	Agent NPN:
Agent Phone:	Agent Email:

Requested States:

- ☐ **Alabama (AL)** Celtic Insurance Company
- ☐ **Arizona (AZ)** Healthnet of Arizona Inc
- ☐ **Arizona (AZ)** Health Net Community Solutions of Arizona Inc **ICHRA**
- ☐ **Arkansas (AR)** Celtic Insurance Company
- ☐ **Arkansas (AR)** Qualchoice Life and Health Ins Co
- ☐ **Arkansas (AR)** QCA Health Plan Inc D/B/A Qualchoice
- ☐ **Delaware (DE)** Celtic Insurance Company
- ☐ **Florida (FL)** Sunshine State Health Plan Inc.
- ☐ **Florida (FL)** Centene Venture Co.
- ☐ **Florida (FL)** Ambetter Health of Florida Inc **ICHRA**
- ☐ **Georgia (GA)** Ambetter of Peach State
- ☐ **Georgia (GA)** Peach State Health Plan Inc **ICHRA**
- ☐ **Illinois (IL)** Celtic Insurance Company
- ☐ **Indiana (IN)** Celtic Insurance Company **ICHRA**

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- ☐ **Indiana (IN)** Coordinated Care Corporation
- ☐ **Iowa (IA)** Iowa Total Care Inc.
- ☐ **Kansas (KS)** Celtic Insurance Company
- ☐ **Kansas (KS)** Bankers Reserve Life Insurance Company of Wisconsin ICHRA
- ☐ **Kentucky (KY)** Wellcare Health Plans of Kentucky Inc.
- ☐ **Louisiana (LA)** Ambetter Health of Louisiana Inc.
- ☐ **Michigan (MI)** Meridian Health Plan of Michigan Inc
- ☐ **Mississippi (MS)** Ambetter of Magnolia Inc
- ☐ **Mississippi (MS)** Celtic Insurance Company **ICHRA**
- ☐ **Missouri (MO)** Celtic Insurance Company
- ☐ **Missouri (MO)** Bankers Reserve Life Insurance Company of Wisconsin **ICHRA**
- ☐ **Nebraska (NE)** Celtic Insurance Company
- ☐ **Nebraska (NE)** Bankers Reserve Life Insurance Company of Wisconsin **ICHRA**
- ☐ **Nevada (NV)** Silversummit Health Plan
- ☐ **New Hampshire (NH)** Celtic Insurance Company
- ☐ **New Jersey (NJ)** Wellcare Health Insurance Company of New Jersey
- ☐ **North Carolina (NC)** Ambetter of North Carolina Inc
- ☐ **Ohio (OH)** Buckeye Community Health Plan
- ☐ **Ohio (OH)** Buckeye Health Plan Community Solutions Inc **ICHRA**
- ☐ **Oklahoma (OK)** Celtic Insurance Company
- ☐ **Oklahoma (OK)** Bankers Reserve Life Insurance Company of Wisconsin **ICHRA**
- ☐ **Pennsylvania (PA)** Ambetter Health of Pennsylvania
- ☐ **South Carolina (SC)** Absolute Total Care
- ☐ **South Carolina (SC)** Celtic Insurance Company **ICHRA**
- ☐ **Tennessee (TN)** Celtic Insurance Company
- ☐ **Tennessee (TN)** Bankers Reserve Life Insurance Company of Wisconsin **ICHRA**
- ☐ **Texas (TX)** Celtic
- ☐ **Texas (TX)** Superior Healthplan Inc.
- ☐ **Texas (TX)** Ambetter Health of Texas Inc **ICHRA**
- ☐ **Washington (WA)** Coordinated Care Corporation

Agency Name:	Agency Tax ID:	Agency Phone:
New Principal Name (Print):	New Principal NPN:	
New Principal Signature:	Signature Date:	

PLEASE SUBMIT REQUEST TO: Ambetterbrokers@centene.com

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SECTION B: Producer Release Request Attestation and Signatures	
By signing this Producer Release Request, I attest the following: • All information contained on this Producer Release Request is true, complete and accurate. • Both the Agency/Principal and Sub-Producer are properly licensed, contracted, and appointed in the applicable states at the time of submission • Ambetter Health is not a party to, and is released from, any disputes between the Agency/Principal and Sub-Producer. • Ambetter Health does not intervene in, and should not be asked to participate in, disputes or decisions between the Agency/Principal and Sub-Producer. • All commissions and membership earned under the current Agency and Principal **remain with that Agency** and **will not transfer** to subsequent contracts. • Ambetter Health reserves the right for any reason to deny a Producer Release Request. • Ambetter Health does not intervene and should not be asked to be involved in Principal and Sub-Producer discussions, issues, disagreements, or decisions. • Approval of any re-contracting request is determined solely by Ambetter Health and may be denied at its discretion.	
Agency and Principal	
Agency Name (Print): Rick Young and Associates	
Principal Name (Print): Rick Young	Principal NPN: 984786
Principal Signature:	Signature Date:
Sub-producer	
Sub-producer Name (Print):	Sub-producer NPN:
Sub-producer Signature:	Signature Date: