Notice of Intent to Move Form Request

Please complete all required fields on the form using the guidance below:

1. Name
    - Enter your First and Last Name or Agency name exactly as it appears on your license.
2. Producer Identifiers
    - Enter your NPN or Writing Number / Agent ID*
    - Enter your Party ID*
3. Upline Information
    - Enter your Intended Upline
    - Enter your Intended Upline's Writing Number / Agent ID or NPN
4. Submit the Form
    - Email the completed form to the appropriate area:
        - Medicare Plans: shcerts@uhc.com
        - Individual & Family Plans (IFP): exchangescontracting@uhc.com
        - New York Essential Plan: nyepcontracting@uhc.com

** Note: Your Writing Number/Agent ID, and Party ID can be found in your Jarvis profile under Manage My Account.*

Name

Email Address

Writing Number/Agent ID

Party ID:

☐ Medicare Plans
☐ Individual & Family Plans
☐ New York Essential Plan

Your Intended Upline

Writing Number/Agent ID or NPN of intended Upline