



Molina Healthcare Release Form

Completed by agency or individual agent

Both signatures are required.

Broker Name:

Print Broker Name

Broker NPN /Molina Agent Code

Signature (Agent)

Date

Marketing General Agency Approving Transfer Release:

Agency Name (please print) *

Principal Name (please print)

Signature (Principal)

Date

There will not be a Release or Constructive Release (Delayed Release) effective date during the time period of October 1-January 15, 2022. If a Release or Constructive Release should have been effective during that time period, it will be effective February 1, 2022

Please submit completed form to MPBrokerContracting@MolinaHealthcare.com

For Molina Office Use Only:

Date Molina Received: _____

Effective Date of Transfer: _____