

SCAN Successor Agent Program

Good news for you as you plan for the future! SCAN is launching a Successor Agent program; if you qualify, you will have the ability to transfer your book of business to another SCAN contracted agent.

What is a Successor Agent?

A Successor Agent is defined as a qualified agent who will service the members in the book of business being transferred to them, in exchange for renewal commissions for the SCAN members in that book of business.

When does a Successor Agent agreement make sense?

- **Exiting the business (e.g., retirement, illness or sale of business).** SCAN will allow the Original Agent to transfer his or her book of business to another qualified agent who agrees to service the members in exchange for renewal commissions for that book of business.
 - **Requirements:**
 - Agents transferring and receiving book of business must be in good standing according to SCAN's contracting requirements.
 - Agents transferring and receiving book of business must be certified to receive renewal commissions with SCAN
 - Original Agent transferring book of business must be paid directly by SCAN and cannot be on an Assignment of Commission (AOC)
 - Agents must complete Successor Agent Transfer Form
 - Annual renewal payments must exceed \$5,000
 - Complete Date of Transfer/Sale Date
- **Death of an agent.** SCAN will allow a qualified Successor Agent to take over a book of business when the Original Agent completes the requirements outlined below prior to death.
 - **Requirements:**
 - Original Agent must complete the Successor Agent Transfer Form prior to death
 - Successor Agent receiving book of business must be in good standing; as well as licensed and certified with SCAN at time of death of Original Agent.
 - If Successor Agent receiving book of business is not currently contracted with SCAN Health Plan they have 90 Days in which to do so.
 - Annual renewal payments must exceed \$5,000
 - Successor Agent must contact SCAN within 90 Days of Original Agents Death

Successor Agent Transfer Form

Thank you for your interest in SCAN's Successor Agent Program. Fill out the following information completely and legibly to enable SCAN to review eligibility of the Original and Successor Agents.

By signing this form, Original Agent and Successor Agent are indicating that they have read the Successor Agent Program Requirements and that they have an interest in having Original Agent's SCAN book of business transferred to Successor Agent. SCAN will notify the Original Agent regarding eligibility within approximately 30 days of receiving this signed form.

ORIGINAL AGENT INFORMATION

NAME: _____

NPN: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SIGNATURE OF AGENT:

DATE OF TRANSFER/SALE _____

SUCCESSOR AGENT INFORMATION

NAME: _____

NPN: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SIGNATURE OF AGENT

Return form to: ScanBrokerContracting@scanhealthplan.com

SCAN reserves the right to rescind the Successor Agent program. Any rescission of the program will not impact books of business already transferred, but could impact pending requests.