



# Molina Healthcare Constructive Release Form

**Requesting a constructive release for: (Please Mark one)**

Participating Producer Only

or, Agency and Downline

**Please choose one of the following options:**

**Option #1 - Name of the new Upline Agency you are selecting:**

\_\_\_\_\_

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Broker NPN/or Molina Writing#

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

**Option #2 - Agency and Downline**

\_\_\_\_\_  
Agency Name (please print)

\_\_\_\_\_  
Principal Name (please print)

\_\_\_\_\_  
NPN

\_\_\_\_\_  
Agency Tax ID

\_\_\_\_\_  
Signature (Principal)

\_\_\_\_\_  
Date

**There will not be a Release or Constructive Release effective date during the time period of October 1-December 15 of each calendar year. If a Release or Constructive Release should have been effective during that time period, it will be effective January 1.**

Please email signed release form to [mcrbrokercontracting@molinahealthcare.com](mailto:mcrbrokercontracting@molinahealthcare.com)

**For Molina Office Use Only:**

Date Molina Received: \_\_\_\_\_

Effective Date of Transfer: \_\_\_\_\_