



Request for Release from FMO/Topline

As provided for in the Cigna-HealthSpring Rules of Engagement, this serves as notice of my intent to change sales hierarchies in six months. I understand that I am responsible for completing the required paperwork and providing it to my new FMO/topline agency for onboarding on or after my eligibility date.

Agent Printed Name

Current FMO/Topline Agency

Agent Signature

Date

Upon completion of the above Agent portion, please return to contracting.mailbox@healthspring.com

FOR CIGNA-HEALTHSPRING USE ONLY

Date Received

Eligibility Date

C-HS Contracting Representative