



## Release & Request for Self-Release from Topline Form

Please review the [Cigna Rules of Engagement](#) or the [Cigna Release Guide](#) located on our [Producer's University](#) to review Cigna's guidelines regarding Release from Topline. Please note: Hierarchy changes will **not** be accepted or processed from **September 1st through December 31st of each year.**

**Disclaimer:** Topline may require use of their own release document when providing a signed release from Topline.

Completed document should be sent to [CARL@Cigna.com](mailto:CARL@Cigna.com) or Select the Submit Button:

[Release from Topline \(Signature Required\)](#)

**Topline Name:**

agrees to release the below **Broker Only:**

**Broker/Agency**

**Effective:**

**Broker Name:**

**Agency Name:**

**Broker NPN:**

**Agency NPN:**

**Broker Signature:**

**Date:**

**Topline Approver:**

**Topline Signature:**

**Date:**

### [Request for Self-Release from Topline](#)

As provided for in the [Cigna Rules of Engagement](#), this serves as notice of my intent to change sales hierarchies in 90 calendar days. I understand that I am responsible for completing the required paperwork and providing to my new Topline Agency for onboarding on or after my eligibility date. I understand that hierarchy changes will **not** be accepted or processed from **September 1st through December 31st of each year.**

**Broker Name:**

**Current Topline:**

**Broker NPN:**

**Broker Signature:**

**Date:**