

SUBSCRIBER TERMINATION/PCP CHANGE

For Terminated Subscribers and PCP Changes Only

Return To:

ANTHEM BLUE CROSS and BLUE SHIELD
 P. O. Box 2709
 2400 MARKET STREET
 YOUNGSTOWN, OH 44507-2709

TELEFAX: (330) 783-3682 or (330) 781-7999

Date:	_____
Group Number:	_____
Group Name:	_____
Address:	_____
City, State, Zip	_____
Phone Number:	() _____

<u>Termination Only</u>				<u>PCP Change Only</u>			
Employee's Last Name	First	Employee's Identification Number	Last Day Worked	Member's Name	Effective Date	New PCP Name	New PCP Number

*For approved circumstances, Anthem's guidelines permit terminating a member 60 days retroactive.
 Pay-as-Billed Process - all adjustments will be applied to the next billing period. Please do not write changes, terminations, etc. on your premium billing statement.*

I hereby certify that the above information is complete and correct. By signing this form, if not the Employer, I represent that I have the authority to sign.

 Signature of Officer of Employer, Employer's Authorized Signer or Broker/Agent