Anthem

REPORT OF TERMINATIONS

FIRM NAME

BILL ACCOUNT NUMBER

DIRECTIONS:

NOTIFY ANTHEM BLUE CROSS AND BLUE SHIELD OF LEFT EMPLOY TERMINATIONS ON OR BEFORE THE CANCELLATION EFFECTIVE DATE.

1. LIST LEFT EMPLOY TERMINATIONS ON THIS FORM.
2. SEND ORIGINAL COPY TO ANTHEM BLUE CROSS AND BLUE SHIELD.
3. RETAIN EMPLOYER COPY FOR YOUR RECORDS.

* BETWEEN TERMINATION DATE AND CANCELLATION EFFECTIVE DATE FULLY INSURED GROUPS WOULD BE RESPONSIBLE FOR PREMIUMS. CANCELLATIONS WILL BE REFLECTED ON YOUR NEXT SCHEDULED INVOICE AND AMOUNT DUE WILL BE ADJUSTED BASED ON EFFECTIVE DATE.

EMPLOYEE NAME	MEMBER NUMBER	REASON FOR REMOVAL	TERMINATION DATE

WHITE: ANTHEM BCBS COPY

YELLOW: EMPLOYER COPY