Subscriber Termination/PCP Change Form

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: ( ) _____

			Termination Only	**PCP Change Only**			
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