Subscriber Termination/PCP Change Form
(For terminated subscribers and PCP changes only)

Anthem

From:

Group no.	Group name		
Street address			
City		State	ZIP code
Phone no.		Date	

Return to:

Missouri:

Mail to: Anthem Blue Cross and Blue Shield
P.O. Box 659804
San Antonio, TX 78265-9104

Fax to: 877-628-4607

Wisconsin:

Mail to: Anthem Blue Cross and Blue Shield
P.O. Box 659805
San Antonio, TX 78265-9105

Fax to: 800-596-6408

Termination ONLY

Employee last name	First name	Employee ID no.	Last day worked

PCP Change ONLY

Member last name	First name	Effective date	New PCP name	New PCP no.

For approved circumstances, Anthem Blue Cross and Blue Shield'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 or employer, employer's authorized signer or broker/agent **X**	Date

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