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

Anthem

Mail to: Anthem Blue Cross and Blue Shield
P.O. Box 659803
San Antonio, TX 78265-9103

Fax to: 877-628-4604

From:

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

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	Date
X	

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