Employee Termination Report

Anthem

Mail to: Anthem Blue Cross and Blue Shield
P.O. Box 659801
San Antonio, TX 78265-9101

Fax to: 800-844-6367

From:

Group no.	Group name
Phone no.	Date

Terminated Employees ONLY			
Employee last name	**First name**	**Employee ID no.**	**Last day worked**

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 employer or employer's authorized signer	Date
X	

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