Employee Termination Report

Mail To: Anthem Blue Cross and Blue Shield, P.O. Box 37010, Louisville, KY 40233-7010

E-Mail To: sg.client.maintenance@anthem.com

Fax To: 877-628-4598

Fax From: Group name: _____

Group number: _____

Phone number: _____

Date: _____

Terminated Employee ONLY			
Employee last Name	**First**	**Employee ID number**	**Last Day Worked**

Signature of employer or employer's authorized signer	**Date**

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