

Employee cancellation transmittal request

Please submit all other eligibility changes separately by completing a Subscriber Change Request Form.

Group number			
Employee first name	MI	Last name	Subscriber number
Date last worked (If applicable)		Reason for cancellation	Cancel effective date
Employee first name	MI	Last name	Subscriber number
Date last worked (If applicable)		Reason for cancellation	Cancel effective date
Employee first name	MI	Last name	Subscriber number
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Date last worked (If applicable)		Reason for cancellation	Cancel effective date

Signature of authorized group contact

Date

Please send the completed form to the following address and retain a copy for your records:

Large Group (101+ Employees):

P.O. Box 3008
 Lodi, CA 95241-1912
 Fax: (916) 350-8800
 Email: largegroup.dedicatedprocessors@blueshieldca.com

Small Group (1 to 100 Employees):

P.O. Box 3008
 Lodi, CA 95241-1912
small.group@blueshieldca.com