

Employee cancellation transmittal request

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

Group number			
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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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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