

# Employee cancellation transmittal request

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

Group number:

Employee first name	MI	Employee last name	Subscriber number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date last worked (if applicable)	Reason for cancellation		Cancel effective date
<input type="text"/>	<input type="text"/>		<input type="text"/>

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Signature of authorized group contact	Date
<input type="text"/>	<input type="text"/>

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

**Large Group (101+ Employees):**  
P.O. Box 629014  
El Dorado Hills, CA 95762-9014  
Fax: (916) 350-8800

**Small Group (1 to 100 Employees):**  
P.O. Box 3008  
Lodi, CA 95241-1912  
small.group@blueshieldca.com