

## **ACCOUNT TRANSMITTAL REPORT**

ACCOUNT NAME				ACCOUNT NUMBER SUBMITTED BY:			PHONE NUMBER:	DATE SUBMITTED: NUMBER OF		PAGE	
									APPLICATIONS SUBMITTED:	OF	
								1 1	Optional Use—BE		
				EFFECTIVE		CANCEL	COMMENTS		CURRENT PREMIL	JM	
PLEASE C ONE B		Δ	FIRST INITIAL AND LAST NAME ONLY	DATE Month / Day / Year	IDENTIFICATION NUMBER	REASON CODE	(or Home Address for "Candwith Reason Codes "D" and		\$		
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Cancellation Reason Codes: CR = Customer Request M = Marriage				<ul><li>D = Deceased</li><li>MS = Military Leave</li></ul>	DC = Duplicate Coverage OP = Transferred to othe		LE = Left Employment		Subtotal or Amount Due \$		
This form serves as a record of <b>applications</b> and <b>cancellations</b> for your account. Complete an <i>Application</i> for <i>Coverage</i> form for any additions or changes in coverage. Send the completed original of this report with the accompanying applications. Retain a copy for your file. Mail this report as changes occur and <b>before the effective date</b> to:  "As an authorized representative of the Company named below, I certify that all person employees of the company as of this date, and that they and any enrolled dependents coverage pursuant to the underwriting guidelines of Blue Cross Blue Shield of Delaward effective date to:									led dependents are elig	above are ible for	
Underwriting Blue Cross B P.O. Box 886 Wilmington, I	Departm Blue Shiel	d of Delawa	re			Signature of A	Authorized Representative of the Company— <i>Not Valid</i>	l Unless Signed			
·····inington, i	D_ 10000	, 5500				Name of Auth	me of Authorized Representative of the Company— <i>Please Type or Print</i>				