## **Employee Termination Report**

## Anthem 🔊 🖗

Date

Mail to:Anthem Blue Cross and Blue Shield P.O. Box 659801 San Antonio, TX 78265-9101Fax to:800-844-6367	From:	Group no. Phone no.	Group name	Date
Terminated Employees ONLY				
Employee last name		First name	Employee ID no.	Last day worked

I hereby certify that the above information is complete and correct. By signing this form, if not the employer, I represent that I have the authority to sign.

Signature of employer or employer's authorized signer

X