Transmittal of Applications (See Reverse Side for Instructions.)

Anthem

Group Number
Group Name
Address
Phone Number
Date

Employee Name Last	First	Middle	Customer ID	New Add	Change	Cancel	Reinstate (no lapse)	Rehire (lapse)	Cobra	Other (Explain)	Effective Date	Contract Type (Employee, Employee/Spouse, Employee/Child(ren), Family	Remarks

I hereby certify that the individuals listed above are Eligible Full-Time Employees of our organization who work the number of hours per week required by Anthem for eligibility and are regularly listed as full-time employees onour State and/or Federal Payroll Reports. I further certify that the above information is complete and correct

Signature of Employer or Employer's Authorized Signer

Independent licensees of the Blue Cross and Blue Shield Association. ® Registered marks Blue Cross and Blue Shield Association.