Employee Termination Report

Anthem

Mail To: Anthem Blue Cross and Blue Shield, PO Box 37730, Louisville, Ky 40233-7730

Fax To: **(317) 488-6990**

Fax From: Group name: _____

Group number: _____

Phone number: _____

Date: _____

Terminated Employees ONLY

Employee last name	First	Employee ID number	Last Day Worked

Signature of employer or employer's authorized signer	Date

Rev. 7/03

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