# Transmittal of Applications (See Reverse Side for Instructions.)

Anthem

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|---|
| 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 |
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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**



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