MId/Large Group
(51+ employees)
P.O. Box 629014
El Dorado Hills, CA 95762-9014
Fax: (916) 350-8800

Small Group
(2-50 employees)
P.O. Box 3008
Lodi, CA 95241-1912
Fax: (209) 367-6475

blue of california

Employee change transmittal

Please fill in circles (selections) as opposed to inserting a check mark.
Please retain confirmation of your faxed copy for your records.

Group name

Group number

Period from: / /

Period to: / /

Employee first name

Employee last name

Subscriber number

Trans to Grp No

If applicable, include billing unit

Effective date / /

Medical		Dental		Vision		Group Life		Supp. Life*	
Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel
○	○	○	○	○	○	○	○	○	○

Employee first name

Employee last name

Subscriber number

Trans to Grp No

If applicable, include billing unit

Effective date / /

Medical		Dental		Vision		Group Life		Supp. Life*	
Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel
○	○	○	○	○	○	○	○	○	○

Employee first name

Employee last name

Subscriber number

Trans to Grp No

If applicable, include billing unit

Effective date / /

Medical		Dental		Vision		Group Life		Supp. Life*	
Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel
○	○	○	○	○	○	○	○	○	○

Employee first name

Employee last name

Subscriber number

Trans to Grp No

If applicable, include billing unit

Effective date / /

Medical		Dental		Vision		Group Life		Supp. Life*	
Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel
○	○	○	○	○	○	○	○	○	○

Employee first name

Employee last name

Subscriber number

Trans to Grp No

If applicable, include billing unit

Effective date

Medical		Dental		Vision		Group Life		Supp. Life*	
Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel
○	○	○	○	○	○	○	○	○	○

Employee first name

Employee last name

Subscriber number

Trans to Grp No

If applicable, include billing unit

Effective date

Medical		Dental		Vision		Group Life		Supp. Life*	
Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel
○	○	○	○	○	○	○	○	○	○

Employee first name

Employee last name

Subscriber number

Trans to Grp No

If applicable, include billing unit

Effective date

Medical		Dental		Vision		Group Life		Supp. Life*	
Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel
○	○	○	○	○	○	○	○	○	○

Employee first name

Employee last name

Subscriber number

Trans to Grp No

If applicable, include billing unit

Effective date

Medical		Dental		Vision		Group Life		Supp. Life*	
Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel
○	○	○	○	○	○	○	○	○	○

Employee first name

Employee last name

Subscriber number

Trans to Grp No

If applicable, include billing unit

Effective date

Medical		Dental		Vision		Group Life		Supp. Life*	
Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel	Add	Cancel
○	○	○	○	○	○	○	○	○	○

*Available to Mid/Large groups only.

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