

TRANSACTION TRANSMITTAL FORM FOR GROUP MEMBERSHIP CHANGES



An independent licensee of the Blue Cross and Blue Shield Association

DATE: _____

Please type or use ballpoint pen. Please send a copy to Blue Cross Blue Shield of Wyoming at the address shown below.

GROUP:				GROUP NUMBER:		
TRANSACTION CODES: (TRANS CODE) 1. New Member 2. Transfer 3. Change of Coverage (Single to Family) (Family to Single) 4. Reinstate 5. Involuntary Termination 6. Voluntary Cancellation (still employed) 7. Voluntary Termination/Resignation 8. Miscellaneous (Explain under Remarks)				COVERAGE CODES: 1. Single 2. Two Adults 3. Subscriber/Dependents 4. Family		
Member's Name	Contract Number	Trans Code	Hire/Term Date	Coverage Code	Effective Date Requested	Remarks