Anthem Blue Cross

Change of Beneficiary and/or Name

Insured Information

Name of Insured - Last Name, First Name, M.I.	Social Security No.	Certificate No.
Insured's Street Address	City/State/ZIP code	

☐ Change of Beneficiary

I hereby revoke any current designations and change my beneficiary to:

LAST NAME	FIRST NAME	M.I.	RELATIONSHIP	AGE	% INTEREST

If more than one beneficiary is designated, interest will be equal unless otherwise indicated.

☐ Change of Beneficiary Due to Absolute Assignment *(Complete only if applicable)*

Name of Assignee - Last Name	First Name	M.I.	Social Security No.
Street Address	City/State/ZIP code		

☐ Change of Name of Insured

FROM ➤	Name	First Name	M.I.
TO ➤	Name	First Name	M.I.

Signature of Insured/Assignee	Phone No.	Date
X	( )	

SEND THIS COMPLETED FORM TO:

Anthem Blue Cross Life and Health Insurance Company
Individual Membership Services
P.O. Box 9051
Oxnard, CA 93031-9051

IF YOU HAVE ANY QUESTIONS, PLEASE CALL MEMBERSHIP SERVICES AT:
(800) 333-0912

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