Northern Region: P.O. Box 269014
El Dorado Hills, CA
95762-9014
Fax: (916) 350-8800

Southern Region: P.O. Box 3008
Lodi, CA
95241-1912
Fax: (209) 367-6475

Blue Shield of California

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Employee Change Transmittal

Please retain confirmation of your faxed copy for your records.

Group Name	Group/Billing Unit	Period From	Period To

Employee Name	Subscriber Number	Type of Transaction: Medical Add	Medical Cancel	Dental Add	Dental Cancel	Trans to Grp No.	Effective Date