



Name/Address Change

Change Anthem Blue Cross and Blue Shield records for:

Group Number: _____

Group Name: _____

My identification Number (as shown on your identification card): _____

The name shown on my Anthem Blue Cross
and Blue Shield identification card is: _____

First Name

Middle Initial

Last Name

This form is being used to CHANGE: ☐ Name (complete section #1)
☐ Address (complete section #2)

1. Complete to change name on identification card.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss _____

First Name

Middle Initial

Last Name

2. Complete to change address.

New Street Address _____

City _____ State _____ Zip Code _____

Please give the date on which the change was or will be effective: _____

Complete this form and give to your Benefits Administrator, or mail to:

The Local Choice Program
c/o Anthem Blue Cross and Blue Shield
P. O. Box 27401, VA 13S 140
Richmond, VA 23279

Your Signature _____ Date _____