

Notice of Employee Termination

Date _____

To: **BCBSAZ – Enrollment Department**

Fax Number: **602-864-4151**

From: _____

Company Name: _____

Group Number: _____

Identification Number	Employee Last Name	Employee First Name	Effective Date of Change	Reason Code Number*

Authorized Group Signature _____

*Termination Reason Codes

- 1** – Left Employ
- 1A** – Left Employ – Potential COBRA Applicant
- 1B** – Reduction in Hours – Potential COBRA Applicant
- 2** – Employee Request to Cancel
- 3** – Deceased