

Missing Information Sheet
"FOR ADMINISTRATIVE USE ONLY."
(PLEASE CLEARLY PRINT INFORMATION)

Group Number: _____ **Date:** _____

Group Name: _____

Subscriber's Name: _____

Subscriber's ID: _____

Group Contact/Phone Number: _____

Requester's Name/Extension: _____

Reason for Calling: _____

Information that needs Verified:

Social Security Number: _____	Product: _____
Last/First Name: _____	Date of Birth: _____
Date of Hire: _____	Marital Status: _____
Hours Worked: _____	Relationship of: _____
PCP's: _____	Address: _____
Missing Pages: _____	Sub Group: _____
Group Number: _____	Waiver Signed: _____
Dependent Info: _____	Need Signature: _____
Event Reason: _____	Other: _____
Event Date: _____	_____
Last Day of Coverage: _____	_____

Information Received:

Call Made By: Anthem Associate ___ Broker ___
Name/Phone # _____ Date: _____

Spoke with: _____

Letter Sent By: _____ Date: _____