

TRANSACTION TRANSMITTAL FORM FOR GROUP MEMBERSHIP CHANGES



**Blue Cross Blue Shield
of Wyoming**

An independent licensee of the Blue Cross and Blue Shield Association.

DATE: _____

Please type or use ballpoint pen. Please send a copy to Blue Cross Blue Shield of Wyoming at the address shown below.

GROUP:				GROUP NUMBER:		
TRANSACTION CODES: (TRANS CODE)				COVERAGE CODES:		
1. New Member				5. Involuntary Termination		
2. Transfer				6. Voluntary Cancellation (still employed)		
3. Change of Coverage (Single to Family) (Family to Single)				7. Voluntary Termination/Resignation		
4. Reinstate				8. Miscellaneous (Explain under Remarks)		
5. Single				2. Two Adults		
6. Two Adults				3. Subscriber/Dependents		
7. Subscriber/Dependents				4. Family		
8. Family						
Member's Name	Contract Number	Trans Code	Hire/Term Date	Coverage Code	Effective Date Requested	Remarks