

STATE OF DELAWARE ACCOUNT TRANSMITTAL REPORT

This form has been prepared for your guidance and serves as a record of applications and cancellations sent by your school or agency to Highmark Blue Cross Blue Shield Delaware. An Application For Coverage form should be completed for any additions or changes in coverages.

Please send the completed white and yellow copies of this report with the accompanying applications to the **State Personnel Office/Benefits, Blue Hen Corporate Center, Suite 202, 655 S. Bay Rd., Dover, DE 19901**, (internal State mail code: **D620E**). Keep the pink copy for your office files.

SCHOOL / AGENCY	ACCOUNT NUMBER	SUBMITTED BY: PHONE #	DATE SUBMITTED (Month, Day, Year)	<input type="checkbox"/> CURRENT PREMIUM <input type="checkbox"/> BALANCE FORWARD	Total Amount Due: \$	NUMBER OF APPLICATIONS SUBMITTED:	PAGE _____ OF _____
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PLEASE CHECK ONE BOX			NAME	EFFECTIVE DATE	IDENTIFICATION NUMBER	CANCEL REASON CODE	HOME ADDRESS (For Cancellations Only)	PREMIUMS DUE		Highmark DE & HCCC USE ONLY
Add	Change	Cancel						+	-	
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Cancellation Reason Codes: **D** = Deceased **LE** = Left Employment **ML** = Military **SR** = Customer Request
 DC = Duplicate Coverage **M** = Marriage **OP** = Transferred to other BCBS Co. **TP** = Transfer to Pension

Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association

WHITE COPY—STATE PERSONNEL OFFICE **YELLOW COPY**—STATE BENEFITS OFFICE **PINK COPY**—YOUR FILE COPY