

Broker Contact Information Update

If you wish to update your contact information, please fill out this form, including supplying your TIN and signing the form. Then, hit the "Print Form" button to return it to the fax number listed to the right. Or, you may simply click on the "Submit by e-Mail" button to submit the form electronically.

Anthem Blue Cross and Blue Shield 700 Broadway Denver, CO 80273

Colorado Brokers Phone: 866-317-9021 e-Mail: coindbroker@anthem.com

Nevada Brokers Phone: 866-317-9022 e-Mail: nvindbroker@anthem.com

| Current Cont | act Informatio | on: | | | | |
|--------------------------|-----------------------------------|------------------------------|---|--------------------|--------------------|----------|
| | AgentName | | | | | |
| Sti | reet Address | | | | | |
| Mailing Address | | | | | | |
| City | | | | State | Ziţ | o Code |
| Broker TIN | | Broker License # | Broker License # | | License Expiration | |
| New Contact Information: | | | | | | |
| AgentName | | | | | | |
| Street Address | | | | | | |
| Mailing Address | | | | | | |
| | City | | | Sta | te | Zip Code |
| Broker TIN | | | Broker License # | | License Exp | piration |
| Comments: | | | | | | |
| informati correspor | on. I understandenstandence and m | and that upda ay change m | signing below, I authorize a ting my contact informati y Regional Sales Manager zed to make this update. | on will affect whe | re you receive yo | |
| Signature | e | | | | Date | |