

**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: \_\_\_\_\_