

# EE Termination Process



Small Group	Aetna	Anthem Blue Cross	CaliforniaChoice	Delta Dental	Guardian
Via Online					
ER Admin Tool	eEnrollment	Employer Access	Manage My Account	DeltaSBA	Guardian Anytime
Web Address (copy and paste url)	aetna.com/employers-organizations.html	employer1.anthem.com/wps/portal/eeabcca	calchoice.com	deltaSBA.com	guardiananytime.com
Via Email					
Email Address	enrollmentSGW@aetna.com	smallgroupe&bsupport@anthem.com	customerservice@calchoice.com	info@alliedadministrators.com	appletonbilling@glic.com
Required Form (attach to email)	see Required Form section under "Via Mail"	see Required Form section under "Via Mail"	see Required Form section under "Via Mail"	see Required Form section under "Via Mail"	see Required Form section under "Via Mail"
Via Phone					
Phone #	800.343.6101	n/a	n/a	n/a	Customer Response Member: 800.627.4200 Broker/Planholder: 800.541.7846
Via Fax					
Fax	n/a	805.499.0842	714.558.8000	415.439.5861	920.749.6058
Required Form	see Required Form section under "Via Mail"	see Required Form section under "Via Mail"	see Required Form section under "Via Mail"	see Required Form section under "Via Mail"	see Required Form section under "Via Mail"
Via Mail					
Mailing Address	Aetna Attn: Billing & Enrollment P.O. Box 24005 Fresno, CA 93779-4005	Anthem Blue Cross P.O. Box 9062 Oxnard, CA 93031-9062	Mail to address listed on the back of the premium statement invoice; submit with payment	Allied Administrators P.O. Box 26908 San Francisco, CA 94126	Guardian Midwest Regional Office P.O. Box 8012 Appleton, WI 54912-8012
Required Form	<a href="#">EE Enrollment / Change Form</a>	<a href="#">ER Information Change Form</a>	<a href="#">EE Termination Notification Form</a>	<a href="#">EE Termination Form</a>	Enrollment/Change Form (PPO form)  Form varies by coverage (PPO, DHMO or Dual Choice)
LAST REVIEWED	7/29/2015	2/11/2016	1/14/2014	2/23/2015	4/1/2014

# EE Termination Process



Small Group	Health Net	MetLife	UnitedHealthcare	VSP
Via Online				
ER Admin Tool	iBilling	MetLink	Employer eServices	Client Resource Center
Web Address (copy and paste url)	healthnet.com	metlink.com	employereservices.com/ees/pr eLogin	client.vsp.com
Via Email				
Email Address	enrollmentunit_north @healthnet.com	n/a	clientserviceoperations @uhc.com	vspwestern @vsp.com
Required Form (attach to email)	Broker or ER letter listing EE name and their ID number	see Required Form section under "Via Mail"	see Required Form section under "Via Mail"	see Required Form section under "Via Mail"
Via Phone				
Phone #	n/a	800.275.4638	800.591.9911	800.216.6248
Via Fax				
Fax	916.935.4420	888.505.7446	866.372.1316	916.463.3926
Required Form	see Required Form section under "Via Mail"	see Required Form section under "Via Mail"	see Required Form section under "Via Mail"	see Required Form section under "Via Mail"
Via Mail				
Mailing Address	Health Net File # 52617 Los Angeles, CA 90074-2617	MetLife Eligibility P.O. Box 14593 Lexington, KY 40512-4593	UHC P.O. Box 309604 Salt Lake City, UT 84130-0964	VSP 3333 Quality Dr. MS 131 Rancho Cordova, CA 95670
Required Form	ER must indicate cancellation and effective dates on the Current Membership and Membership Changes pages of the monthly billing statement	<a href="#">MetLife Change Request Form</a>	<a href="#">ER Group Reporting Form</a>	<a href="#">Membership Fax</a>
LAST REVIEWED	4/11/2014	5/10/2013	4/8/2015	3/24/2014