Cancel Authorization Form

Date of Request: ____
(Month/Day/Year)

Member's Name: ____
First Middle Last

Member ID Number: ____

Member's Date of Birth: ____
(Month/Day/Year)

Member's Address: ____
Street Address

____

City State ZIP code

Requestor's Name (If different from member): ____
First Middle Last

Requestor's Relationship to the Member: ____
(Note: Written permission must be on file with Anthem so the information being requested can be released. If this permission is not on file, request a form to designate a Personal Representative and submit it to Anthem. This is not necessary for the parent of a minor child.)

Requestor's Phone Number: ____

Please complete both sides of this form

Cancel Authorization Form
(continued)

Please cancel the authorization to release information that I signed on ___________________ (date required)
(Month/Day/Year)

about ____.
(describe what was authorized/name of involved member)

I would like the authorization to be cancelled:
☐ Immediately (Within five business days of receipt of this request by Anthem)
☐ As of the following date: ____
(Month/Day/Year)

Name and signature of requestor or member:

____ ________________________________ _______________
Print Name Signature Date

Enclosures: Get help in another language
Nondiscrimination notice

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