

Requester Information	
First Name	Last Name
Phone Number	Email Address
Extension	

Additional Contacts

Vendor

Company Name

First Name

Last Name

Phone Number

Email Address

Extension

Group Information

<p>Group Number</p> <hr/>	<p>Group State</p> <hr/>
<p>Group Name</p> <hr/>	<p>Group Effective Date (MM/DD/YYYY)</p> <hr/>

Select Products (check all that apply)

- ☐ Medical
- ☐ Dental
- ☐ Vision
- ☐ Incremental/Salary Life/AD&D
- ☐ Flat Volume Life/AD&D
- ☐ Disability

Select Group Type

- ☐ Small Group
- ☐ Large Group
- ☐ National/National JAA
- ☐ Unicare
- ☐ Greater Georgia Life

Technical Lead	
☐ Same as Vendor Contact	
First Name	Last Name
Phone Number	Email Address
Extension	

File Information

File Format

☒ **ANSI 834**

An 834 file is the standard electronic format you use to communicate your employees' health insurance enrollment and maintenance data to us.

☐ **Anthem Proprietary 1000 Byte**

Our proprietary format was created specifically for life products. If you selected the Incremental/Salary Life/AD&D product above, please use this format.

Use Anthem assigned ID number?

If you are pre-approved for another ID, please note that it can't be your Social Security Number.

☒ **Yes**

☐ **No**

Broker

Do you have a broker contact to add?

☐ Yes

☒ No

Group

Do you have a group contact to add?

☐ Yes

☒ No

Requester Comments

Type your comments here (3,000 characters max)...

Cancel

Request a File Setup

- Should include any special instructions such as specific Client Plan Suffixes to be included on the file.