

State Consumer Privacy Law Request Form

Please download and complete this form to submit requests regarding your personal information, in accordance with your state's consumer privacy laws (where applicable).

To submit your completed form, please use one of the email addresses below based on your business relationship with us.

AmeriBen: compliance@ameriben.com

Broker Licensing and Credentialing: anthem.brokers@anthem.com

HealthCore: CCPA@healthcore.com

Human Resources: piprshrintake@elevancehealth.com

Provider Services: CaNetworkDevelopment@anthem.com

Sydney Community: communitytechnicalsupport@anthem.com

Workers' Compensation: awcccpa@anthemwc.com

We will respond via the United States Postal Service within the timeframe required by law.

Note: This form is not for use by health plan members. Do not use this form to request HIPAA Right of Access to your protected health information or other HIPAA individual rights. For assistance with HIPAA individual rights requests, please use the phone number on your ID card to contact Customer Service.

An asterisk (*) indicates required information.

State Where You Reside* California Virginia (**Choose One**)

Resident Type* Resident Resident Provider (CA only) Resident Broker (CA only) (**Choose One**)

Type Of Request* (Choose Only One)

- Do not sell or share my personal Information.
- Limit the use of my sensitive personal information. (CA only)
- Access my personal information.

Please select one:

- I want to know the personal information that has been collected, used, and/or disclosed.

I want the following specific personal information in order to transfer it.

Delete my personal information.

Correct my personal information. (What needs to be corrected?)

Opt-In for sale of minor's personal information.

Business Relationship With Us*

Human Resources (job applicants and current and/or former associates)

HealthCore (CA only)

Sydney Community

AmeriBen (CA only)

Workers' Compensation (CA only)

Provider Services (CA only)

Broker Credentialing (CA only)

Please Provide Your Information

First Name*

M.I.

Last Name*

Date Of Birth*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address*

<input type="text"/>

Address 2 (Suite, Apartment, etc.)

<input type="text"/>

City*

State* Zip Code*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone Number*

<input type="text"/>

May we call you at this number? Yes No