

group information update form

The employer group is responsible for notifying Blue Shield of any changes to its contact information below. Please complete this form and mail it to Blue Shield of California at P.O. Box 3008, Lodi, CA 95241; or fax to **(855) 808-8598**, Attn: Group Maintenance or by email to small.group@blueshieldca.com. (Click on this hyperlinked email address to send.)

PLEASE NOTE: When removing or adding a contact, provide the information in the Group contact section below.

IMPORTANT: All contacts that are to be removed must be noted in the Group contact section below.

Do not use this form for eligibility additions, changes, or terminations.

Group information

Please indicate your group information. (* = required fields)

*Group name:	*Group number:
*Group phone:	Group fax:

Group contact information to be updated

Name:	Email:
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Main contact (Please select all that apply.)
<input type="checkbox"/> Additional contact	
<input type="checkbox"/> Employer Connection Plus access	
<input type="checkbox"/> Billing contact	
Name:	Email:
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Main contact (Please select all that apply.)
<input type="checkbox"/> Additional contact	
<input type="checkbox"/> Employer Connection Plus access	
<input type="checkbox"/> Billing contact	

Group address information to be updated (mark both boxes if your physical and billing addresses are the same)

- Updating physical address (physical location of the business)
 Updating billing address (used only for bills)

New address:

City:	State:	ZIP code:
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Authorization information

Please provide the name of the person authorizing this update. Please note that the person signing must be an existing authorized group contact on file with Blue Shield.

*Signature of authorized group contact

*Date

*Printed name of authorized group contact

*Title of authorized group contact