

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

Group information

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

*Group name:	*Group customer/policy number(s):
*Group phone:	*Group fax:

Group address information to be updated

- Updating physical address
- Updating billing address

New address:

City:	State:	ZIP code:
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Group contact information to be updated

Name:	Email:
<input type="checkbox"/> Add <input type="checkbox"/> Main contact <input type="checkbox"/> Additional contact <input type="checkbox"/> Third-party administrator vendor	
<input type="checkbox"/> Remove <input type="checkbox"/> Employer Connection Plus access <input type="checkbox"/> Billing contact	
Name:	Email:
<input type="checkbox"/> Add <input type="checkbox"/> Main contact <input type="checkbox"/> Additional contact <input type="checkbox"/> Third-party administrator vendor	
<input type="checkbox"/> Remove <input type="checkbox"/> Employer Connection Plus access <input type="checkbox"/> Billing contact	

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	

Blue Shield of California is an independent member of the Blue Shield Association A44464-FF (10/17)