Small Business Multiple Subscriber Change Spreadsheet

Blue Shield of California and Blue Shield of California Life & Health Insurance Company

Please use this form for making multiple subscriber-level plan changes at renewal. These changes can be made through Employer Connection Plus instead, if you prefer. For a single subscriber-level change, or changes outside of the renewal period, use a Subscriber Change Request form (C675).

NOTE: This form cannot be used for adding new subscribers or dependents. To enroll a new subscriber or dependent, please submit your request through Employer Connection Plus, or via the Employee Enrollment form (C12914).

Please use the Small Group Online Renewal tool (SGOR) when making both group-level and subscriber-level changes. If group-level changes are not available through the tool, submit a Request for Contract Change form (C15782) with this spreadsheet.

Group number: **Renewal/effective date:**

Group name:

Please enter new plan selections below for subscriber changes.
If the group does not offer a product, **leave that column blank**.
If a subscriber is currently enrolled in a product and does not wish to make any changes at renewal, **leave blank**.
If a subscriber is currently enrolled in a product and does not wish to continue coverage at renewal, enter **CANCEL**.

Subscriber ID	Subscriber name	Medical plan	Dental plan	Vision plan	Life plan

Acknowledgment and signature
By checking this box, you acknowledge and agree to the statement below. Checking this box is required for processing.

☐ I acknowledge and agree: As an authorized company representative, I have reviewed the Small Business Subscriber Change Request applications that were signed by these employees and I have the employees' signatures on file. The information being submitted by me on these employees' behalf is true to the best of my knowledge and belief.

Name:	Title:	Date:

If you do not have these employees' signatures, please visit our forms library on Employer Connection to download Subscriber Change Request forms (C675) to be completed prior to submitting this spreadsheet.

C50843 (3/18)

Blue Shield of California is an independent member of the Blue Shield Association C50843-FF (3/18)