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 email	

Group contact information to be updated – Please complete only those sections that apply.

Main contact name: ☐ Remove	
Main contact name: ☐ Add	Email (required):
Additional contact name: ☐ Remove	
Additional contact name: ☐ Add	Email (required):
Billing contact name: ☐ Remove	
Billing contact name: ☐ Add	Email (required):
Employer Connection Plus access name: ☐ Remove	
Employer Connection Plus access name: ☐ Add	Email (Note: Only one person can have access)

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

Note: P.O. boxes cannot be accepted for physical address.

Physical address ☐ Remove	Street	City	State	ZIP code
Physical address ☐ Add	Street	City	State	ZIP code
Billing address ☐ Remove	Street	City	State	ZIP code
Billing address ☐ Add	Street	City	State	ZIP code

COBRA third-party administrator contact information

Company name	☐ Add ☐ Remove

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

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