



An Independent Licensee of the Blue Cross Blue Shield Association

LOCATION ADDENDUM

If you wish to have multiple locations, please complete this form and include it with your Plan Design Guide.

Group Name: _____ **Spending Account Group Number:** _____

Group Location Name _____
Address _____
Contact (if different from main contact) _____
Phone Number () _____ Fax Number () _____ Email Address _____
Will ACH information for this location differ from that of the main group? ☐ No ☐ Yes If yes, please complete the ACH Addendum (F11207).

Group Location Name _____
Address _____
Contact (if different from main contact) _____
Phone Number () _____ Fax Number () _____ Email Address _____
Will ACH information for this location differ from that of the main group? ☐ No ☐ Yes If yes, please complete the ACH Addendum (F11207).

Group Location Name _____
Address _____
Contact (if different from main contact) _____
Phone Number () _____ Fax Number () _____ Email Address _____
Will ACH information for this location differ from that of the main group? ☐ No ☐ Yes If yes, please complete the ACH Addendum (F11207).

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