



An Independent Licensee of the Blue Cross Blue Shield Association

GROUP CONTACT CHANGE FORM

GROUP INFORMATION

Group Name: _____

Spending Account Group #: _____

General Information Change:

☐ New Group Name: _____

☐ New Address: _____
Street City State ZIP

ADDING CONTACT

Name: _____ Phone: _____

Email: _____

New Contact is (select one):

☐ Primary contact

The primary contact has the ability to add or remove additional contacts and has the Admin role on the Employer Portal.

☐ Additional contact

All contacts will receive standard email notifications from Capital Blue Cross and have access to the Employer Portal.

☐ Opt me out of receiving email notifications

INACTIVATING EXISTING CONTACT

Contact name: _____

☐ Inactivate

SIGNATURE

Effective Date of Change: This change will take place as soon as the information is received and processed.

Group Contact Signature

Signature Date

Questions? Call Group Leader Services at 877.293.7041.

Send via secured email only:

capitalbluecross.documents@helloofurther.com

Fax to:

866.231.0214

Mail to:

PO Box 982814
El Paso, TX 79998-2814