



An Independent Licensee of the Blue Cross Blue Shield Association

# GROUP STRUCTURE FORM

## GROUP INFORMATION

Group Name: \_\_\_\_\_ Capital Blue Cross Group Number: \_\_\_\_\_

## GROUP STRUCTURE INFORMATION

*Please provide your group structure information below. Please only list those which will hold enrollment for employees being offered the health spending account products.*

Subgroup IDs	Class IDs	Plan ID(s)

**Questions?** Please call Group Leader Services at 877.293.7041.