



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

New Group TIN/EIN: _____

ADDING CONTACT

Name: _____ Phone: _____

Email: _____

New Contact is:

Primary contact

The primary contact has Update access in the Employer Portal and is the person responsible for ensuring that any additional contacts are added/removed and are granted Update or View-only access to the Employer Portal.

Additional contact with Update access.

Additional contact with View-only access.

Contacts will receive standard email notifications and have access to the Employer Portal.

Check here to opt this new contact 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@hellofurther.com

Fax to:

866.231.0214

Mail to:

PO Box 14836
Lexington, KY 40511