

GENERAL UPDATE CHANGES FOR SMALL GROUP FORM

Please check request and complete required information below.

This form should not be used for product changes.

ADDRESS CHANGE (Physical address changes must be submitted using the Client Change Letter of Explanation Template)

CONTACT CHANGE

AGENCY				AGENT NAME	
PHONE FAX			EMAIL		
CLIENT NAME					
CLIENT # / GROUP #(s)					
CHANGE EFFECTIVE DATE (IMPORTANT: Effective date of the change will be the first day of the following month.)					
	ADDRESS UPDATE			LIST <u>NEW</u> ADDRESS IN FULL	
nd s may	Check which contact needs to be updated:			ADDRESS	
ict Signor a ble contact:		Contract Signor		СІТҮ	
		Benefit Administrator		STATE	
				ZIP	
ntra ultip		Correspon		EMAIL	
°S. S		Spending	Account	PHONE	
<u>ONE CONTACT ONLY</u> for General, Contract Signor and Benefit Administrator categories. Multiple contacts may be added for all others, if needed.				FAX	
	NEW CONTACT NAME & TITLE		LIST <u>NEW</u> CONTACT NAME & TITLE IN FULL		
<u>NLY</u> rato othe	Check which contact needs to be updated:		CONTACT NAME		
nist all o	General			TITLE	
IAC Imi for		Contract S	ianor	PHONE	
ON ^T t Ac			ministrator		(Do not complete if you checked General)
<u>HE C</u> nefi adc		Billing		FAX	(Do not complete if you checked General)
be Be		Correspon	dence	EMAIL	
		Spending	Account		(Do not complete if you checked General)

IMPORTANT: Changes to a Spending Account contact MUST include the HRA/HSA application and DCF form for user access if the new contact is not already listed on the application.

ADDITIONAL UPDATES OR COMMENTS

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