GROUP CONTACT UPDATE FORM

BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.

Section 1: GROUP INFORMATION

Group Number:	Group Name:	**Requested Effective Date:** / /

Section 2: GROUP CONTACTS

Contact Name	Phone Number	Email Address
☐ Add ☐ Remove		
☐ Add ☐ Remove		
☐ Add ☐ Remove		
☐ Add ☐ Remove		
☐ Add ☐ Remove		
☐ Add ☐ Remove		

Section 3: SIGNATURE

This authorization remains in place until we provide written notice to Blue Cross and Blue Shield of Vermont (Blue Cross VT) directing them to remove the contact(s) listed above. We understand that this form, consistent with federal and state law, does not authorize the listed company or individual(s) to obtain individual protected health information of a specific employee, without that employee's consent, other than information needed to manage enrollment and billing.

SIGN HERE

▶ Signature _____ Date _____ ◀

Authorized Group Representative

Submit one of three ways:

Email:	**Fax:**	**Mail:**
asinbox@bcbsvt.com	(802) 371-3329	Blue Cross Blue Shield of Vermont P.O. Box 186 Montpelier, VT 05601-0186