



# Group Contact Information

Group Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

*This form is to be used by a group leader to update authorized group contact information.*

**Add New Group Contact\***

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Unless noted below, contact is authorized to access all eligibility, enrollment and billing information for all subgroups.

- Eligibility and enrollment information only
- Billing information only
- Subgroup(s) \_\_\_\_\_

**Remove Existing Group Contact\***

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact will be removed and will not be authorized to access any group information. All active accounts will be disabled.

**Edit Existing Group Contact\***

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact is authorized to access the below group information.

- All
- Eligibility and enrollment information only
- Billing information only
- Subgroup(s) \_\_\_\_\_

***\*List any additional contact updates on a separate page. Include name, email address and phone number and indicate Addition, Removal, or Edit for each.***

Fully Insured and Small Business Funding Solutions groups, please email form to [groupadmininquiry@bcbsla.com](mailto:groupadmininquiry@bcbsla.com).

Self-Funded/ASO groups, please email form to [bbsenrollment@bcbsla.com](mailto:bbsenrollment@bcbsla.com).

Please allow 1-3 business days for processing. Upon completion of processing, contact will be authorized to register for an AccessBlue account to access enrollment and billing tools.

\_\_\_\_\_  
Group Leader Signature

\_\_\_\_\_  
Date