



California Service Center
Small Business Accounts

Group Contact Change Request Form

Date: _____

Group ID: _____

Purchaser Name: _____

Purchaser Phone: _____

GROUP CONTACT INFORMATION:

Name of group contact to be deleted: _____

Name of group contact to be added: _____

For accurate processing, please select appropriate contact role:

Group Contact – Contact for group

Billing Contact – Will receive billing statements only.

Contract Signer Contact – Will receive a copy of the group's contract only.

All of the above

Administrator/Employer Signature: _____

Administrator/Employer (Print Name): _____

Please fax the completed form to the attention: **Customer Connection Team**
#800-369-8010