



BlueCross BlueShield of Texas

We would like to take this opportunity to update our files with your current contact information. Please let us know if your phone number, email address or fax number has changed.

Group Name: _____ Group number: _____

Phone: _____ Fax number: _____

Email Address: _____

Please fax this completed form to (972) 664-0907
or email the form to sbsc_changes@bcbstx.com

We appreciate your business and look forward to continuing our relationship. Thank you for providing your updated contact information.