



If you wish to have multiple BCBSVT locations, please complete this form and include it with your Plan Design Guide.

Group Name: _____ **Further Group Number:** _____

Group Location Name _____
 Address _____
 Contact (if different from main contact) _____
 Phone Number () _____ Fax Number () _____ Email Address _____

Will ACH information for this location differ from that of the main group? No Yes *If yes, please complete the ACH Addendum (X22571).*

Group Location Name _____
 Address _____
 Contact (if different from main contact) _____
 Phone Number () _____ Fax Number () _____ Email Address _____

Will ACH information for this location differ from that of the main group? No Yes *If yes, please complete the ACH Addendum (X22571).*

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 Address _____
 Contact (if different from main contact) _____
 Phone Number () _____ Fax Number () _____ Email Address _____

Will ACH information for this location differ from that of the main group? No Yes *If yes, please complete the ACH Addendum (X22571).*

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 Address _____
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Will ACH information for this location differ from that of the main group? No Yes *If yes, please complete the ACH Addendum (X22571).*

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Will ACH information for this location differ from that of the main group? No Yes *If yes, please complete the ACH Addendum (X22571).*

Group Location Name _____
 Address _____
 Contact (if different from main contact) _____
 Phone Number () _____ Fax Number () _____ Email Address _____

Will ACH information for this location differ from that of the main group? No Yes *If yes, please complete the ACH Addendum (X22571).*