

SHARING ELECTRONIC DATA CONTACT FORM

Please provide the information technology or technical contact for file structure and connectivity information. This should be the person building the electronic data interchange (EDI) file that the Florida Blue team will be working with throughout the implementation. If you are utilizing a file vendor, please include their contact information below.

Technical Contact Name: _____

Technical Contact Email Address: _____

Technical Contact Telephone Number: _____

Contact Completing Form

Florida Blue Group Name

Florida Blue assigned Group Number(s) as applicable

Employer Group Contact Name

Employer Group Contact Email Address

Employer Group Contact Telephone Number

Date

Please ensure all fields are completed. Failure to update the form appropriately will result in implementation delays. A separate data contact form is required for all groups with individual group numbers. Completed forms should be sent to:

AutomatedEnrollment@FloridaBlue.com