

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.

Contact Name: _____

Contact's email address: _____

Contact's telephone number: _____

If you have any questions, please contact Florida Blue's automated enrollment area via email at: automatedenrollment@floridablue.com

Name of entity completing the form

Print Name of Employer Group

Florida Blue assigned Group Number(s) as applicable

Employer Group Contact Phone Number

Employer Group E-Mail Address

Date