

**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