



Send the completed, signed form to:
 Florida Blue
 P.O. Box 1798
 Jacksonville, FL 32231

Request to Access or Delete PII Records in the EDE Platform

You or your personal representative can use this form to request a copy of or deletion of records containing your personally identifiable information (“PII Records”) maintained by Florida Blue in connection with the operation of its Enhanced Direct Enrollment Platform (“EDE Platform”). Please complete each section of this form. In accordance with our EDE Platform Privacy Policy, we may have the right under applicable law to deny or limit your request to access or delete PII Records.

Applicant Information (Required):

Marketplace Application ID		Date of birth	
First name		Middle initial	
Last name			
Address			
City		State	Zip code
Telephone number			

Action Requested for Applicable EDE PII:

<input type="checkbox"/> Get a copy of PII records	<input type="checkbox"/> Delete PII records
--	---

Please note, you can also access your PII by logging into the EDE Platform and verifying your identity.

To correct your EDE PII records, please don’t submit this form. Instead, update your information with us by logging into your EDE account, verifying your identity, reviewing your application, and resubmitting your application information through our EDE Platform.

PII Records Accessible: PII records will be provided for all individuals associated with your EDE Marketplace Application ID.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Both companies are Independent Licensees of the Blue Cross and Blue Shield Association.

Form of Access Requested: We can mail or email your PII Records to you if they're producible in the form requested. If not, we'll provide a paper copy or electronic copy as agreed to by Florida Blue and you. Please check the appropriate box for the option you prefer and enter your information below.

Option 1 – Mail

Address		
City	State	Zip code

Option 2 – Email

Email address

By choosing email delivery, you acknowledge and accept the security risk associated with email transmission, including the risk that your PII Records could be viewed or accessed by someone other than the intended recipient.

Sign here	Date
-----------	------

Check here and complete the Personal Representative Information section below if you're signing this form as a personal representative of the applicant.

Personal Representative Information: If the applicant can't sign this form, a personal representative may sign, complete, and return this form for the applicant. A personal representative is someone who has the legal right to sign this form on behalf of the applicant. **Please attach proof that you are the applicant's personal representative (for example, Power of Attorney). We can't accept this form without this documentation.**

First name	Last name		
Address			
City	State	Zip code	
Telephone number			

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Both companies are Independent Licensees of the Blue Cross and Blue Shield Association.