



Mail to:
Florida Blue
CPIM Administrator, DC8-6
4800 Deerwood Campus Parkway
Jacksonville, Florida 32246

Channel Partner Office Administrator Request

This form must be completed for each individual being granted permissions for the Agency named below. If more than one person should be granted permissions, please make a copy for those person(s). If you have questions regarding this form, you may contact the Agent Service Center at 800-267-3156.

Agency Information:

Agency Name	Tax Identification Number		Agency Code
Street Address			Telephone Number ()
City	State	Zip Code	Fax Number ()

Office Administrator Information:

Office Email Address			
Last Name	First Name	Middle Initial	Suffix (Jr., Sr.)
Date of Birth (mm/dd/yyyy)	SSN		Gender M F
Home Address (if different from above)		Telephone Number ()	
City		State	Zip Code
Is the Office Administrator also an appointed Agent with BCBSF? <input type="checkbox"/> No <input type="checkbox"/> Yes – License # _____			

Action:

<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update Only <input type="checkbox"/> Transfer Office
(if the above individual represents multiple satellite offices, please complete page 2)
Tier <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III
(See page 2 for a list of capabilities available with each tier assignment. Note: For each associated Agency Satellite office, an individual can only be associated with one tier)

Tier I <ol style="list-style-type: none"> 1. All Rating Tools 2. Print Temporary ID Cards for a Group 	Tier II <ol style="list-style-type: none"> 1. All Rating Tools 2. Print Temporary ID Cards for a Group 3. Ability to View Account Information (Paid-to-Dates, Benefits, Demographics) for all Agency accounts 	Tier III <ol style="list-style-type: none"> 1. All Rating Tools 2. Print Temporary ID Cards for a Group 3. Ability to View Account Information (Paid-to-Dates, Benefits, Demographics) for all Agency accounts 4. Ability to View and Print Commission Reports 5. Ability to Update Agency-level Data such as Payment Address (Excluding Direct Deposit), Physical Location Address, Main Phone Number, Main Fax Number, and Office Email Address 6. Ability to Update Agent-level Data such as Correspondence/Mailing Address, Home Address, Work Phone, Work Fax, and Office Email Address 7. Ability to Move Business within the Agency and Update GA-Wholesaler (Excludes Moves to an External Agent/Agency) 8. Ability to Appoint Agents 9. Ability to Terminate Agents
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I, _____, on behalf of _____ Agency Code _____,
(Agency Owner) (Agency Name)

hereby authorize the above individual access to Agency-level permissions.

I acknowledge that if I have selected the tier III option, which includes the Commission and Compensation module, I am designating the above named individual access to this module, which will include full viewing and downloading capabilities of all the commission statements for Group Health and Ancillary products as indicated for my Agency and any Satellite offices.

I further understand that by releasing my private User ID and PIN to this individual or to other individuals not included in this authorization will allow them access to this module. In the event the security is violated, it is my responsibility to notify BCBSF to re-set all authorizations.

I also understand Florida Blue is not liable for the security of this information in the event I fail to notify Florida Blue of the termination or change in status of the above named individual.

By signing this form, I certify that I have read and understand the above statements, as well as verify that all of my selections are complete and accurate.

Agency Owner Signature _____ Date _____

Agency Physical Location	Agency Code	Tier Type (Select one for each location)		
		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III
		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III
		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III
		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III
		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III
		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III
		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III
		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III

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

Florida Blue and Florida Blue HMO do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan(s), including enrollment and benefit determinations.

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