



Mail to:
 Florida Blue
 CPIM Administrator, DC2-6
 4800 Deerwood Campus
 Parkway Jacksonville, Florida
 32246

Agency Owner Request

This form is required to collect basic Agency Owner demographic information to ensure a secure login to accessBlue, Florida Blue's Sales Partner website. If you have questions regarding this form, you may contact the Agent Service Center at 800-267-3156. If there are multiple Agency Owners, this form must be completed by each owner.

Action:

<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update Only

Agency Information:

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

Agency Owner Information:

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

By signing this form, you verify that all of your information is complete, accurate, and that you are an Owner or authorized officer of the Agency listed above.

Print Name _____ Signature _____ Date _____