



Agency Owner Request

This form is required to collect basic Agency Owner demographic information to ensure a secure login to *accessBlue*, Blue Cross and Blue Shield of Florida’s Sales Partner website. Due to the sensitivity of the information available online (commissions, proprietary information, etc) BCBSF must have an original copy of this form with a wet signature on file. **We cannot accept a faxed or scanned copy of this form.** If you have any questions regarding this form, please contact the Agent Service Center at (800) 267-3156. If there are multiple Agency Owners, this form must be completed by each owner.

1. Action

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

2. Agency Information

| | | |
|----------------|---------------------------|----------------------|
| Agency Name | Tax Identification Number | Agency Code |
| Agency Address | | Office Number () |
| City | State | Zip |

3. Agency Owner Type

| | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partner | <input type="checkbox"/> Officer of the Company |
|--|----------------------------------|---|

4. Agency Owner Information

| | | | |
|---|------------|---|-------------------|
| Last Name | First Name | Middle Initial | Suffix (Jr., Sr.) |
| Owner’s Title (Owner, President, Senior Partner, Vice President of..., etc) | | | |
| Date of Birth (mm/dd/yyyy) | SSN | Gender <input type="checkbox"/> M <input type="checkbox"/> F | |
| Office Email Address | | Home Telephone Number () | |
| Home Address (if different from Agency address above) | | | |
| City | State | Zip | |
| 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 of the Agency listed above.

Print Name _____ Signature _____ Date _____