

Temporary Insurance Card Request

Resident Information:

Name UFID

Address * Email Phone
*Please ensure this is correct or you will not receive any correspondence, including ID cards, from Florida Blue.

Gender Social Security # (SSN) Date of Birth (DOB)

Dependent Information:

Name Relationship Gender SSN DOB

Name Relationship Gender SSN DOB

Name Relationship Gender SSN DOB

Name Relationship Gender SSN DOB

Plan Information:

Plan: Premium Classification: Resident/Housestaff

Coverage Level Effective Date
(effective date of your hire)

Please FAX completed form to Kristie Reeves at 904-301-1702. To confirm receipt, you can email Kristie.Reeves@bcbsfl.com or call 352-594-3354. This email has sensitive information on it, so please do not email.

