blue of california

SFTP Connectivity Detail Form

Complete this form to establish a direct connection with Blue Shield using Secure File Transfer Protocol.

Contact Information *(at least two contacts are required)*:			
Contact Type	**Name**	**Phone**	**Email**
Business			
Technical Lead			
Primary FTP User			
Backup FTP User			

Data Integrity Protocol (select one):			
☐ Not Required	☐ SHA-1	☐ MD5	☐ RIPEMD-160

Transport Method & Data Encryption (select one):

☐ FTP with PGP encryption of data   ☐ Secure FTP over SSH with no PGP data encryption

☐ Secure FTP over SSH with PGP encryption of data

PGP Encryption Method (please select only one):

☐ AES (128 bit)	☐ Diffie-Hellman (1024 bit)	☐ RSA (1024 bit)
☐ AES (192 bit)	☐ Diffie-Hellman (2048 bit)	☐ RSA (2048 bit)
☐ AES (256 bit)	☐ Diffie-Hellman (4096 bit)	☐ RSA (4096 bit)
☐ Cast 5 (128 bit)_____	☐ El Gamal (1024 bit)	☐ Triple DES (168 bit)
☐ DSA v3 & v4 (1024 bit)	☐ El Gamal (2048 bit)	☐ Two Fish (256 bit)
☐ DSA v3 & v4 (2048 bit)	☐ El Gamal (4096 bit)	
☐ DSA v3 & v4 (4096 bit)	☐ IDEA (128 bit)	

Static IP Address & Data Delivery Method (select one):

Primary IP address: (   ).(   ).(   ).(   )

Secondary IP address: (   ).(   ).(   ).(   )

IP addresses must be static. Notify Blue Shield of California at (800) 480-1221 of any IP address change to avoid interruption in service. For IP address not registered in the name of the trading partner, complete the IP Ownership Verification Form.

Inbound to BSC:	☐ BSC FTP Server pulls file from customer	Source Directory:
	☐ Customer pushes file to BSC	
Outbound to customer:	☐ BSC FTP Server pushes to customer	Source Directory:
	☐ Customer pulls from the BSC SFTP server	

Note: Blue Shield will email with your login ID and password for our secure FTP server, with a copy of our PGP public key, if applicable. Blue Shield will also request a login ID and Password if BSC will push or pull from the customer's server.

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IP Ownership Verification Form

If the IP address is not registered in the name of the trading partner, please complete this form to verify ownership.

This IP address is a **static** IP and for the trading partner's sole purpose.

Trading Partner Name: _____

Static IP Address: (primary) _____

(secondary) _____

Check one:

☐ IP address allocated by my Hosting Provider

   Name of Hosting Provider: _____

☐ IP address provided by my ISP

   Name of ISP: _____

☐ Other:

   Please explain: _____

_____

Authorized Signature	
Signature:	
Print Name:	
Title:	
Address:	
Telephone:	

Blue Shield of California
Attn: EDI
4700 Bechelli Lane
Redding, CA 96002

Fax to: EDI/Blue Shield at (530) 351-6150
Email:bsc_edi@blueshieldca.com

Trading Partner Enrollment Form