

Please make sure that each covered dependent reads the information regarding Caremark Mail Service Pharmacy included with this form.

Please complete this form and return it to the following address:

Caremark, P.O. Box 270, Pittsburgh, PA 15230-9949

This form is read by machine. Please print the numbers and letters as shown below:

1 2 3 4 A B C D

Primary Member Information

Member ID, Date of Birth, Daytime Telephone Number, Employer / Plan Name, Last Name, First Name, Permanent Address, City, State, ZIP Code, E-mail Address, Gender (Male/Female)

Drug Allergies: Codeine, Penicillin [01], Erythromycin, Sulfa [03], Aspirin [04], Iodine. Health Conditions: Diabetes [06], Heart Condition [08], Hypertension, Arthritis, Depression, High Blood Pressure [09], Thyroid-Low/High [05], Asthma, Glaucoma [07], High Cholesterol. Other / diabetic supplies

Dependent 1: Relationship, Gender, Last Name, First Name, Date of Birth, Health Conditions, Drug Allergies, Other / diabetic supplies

Dependent 2: Relationship, Gender, Last Name, First Name, Date of Birth, Health Conditions, Drug Allergies, Other / diabetic supplies

Prescription Order Form For New Participants

The enclosed prescriptions, if any, are for: (check all that apply) Member, Spouse, Dependent. Please write the member number on the back of each prescription and remember to include the prescription from the prescriber in the envelope.

Payment Information - Credit Card

To authorize payment by credit card, provide the account number, expiration date and cardholder's signature. We accept Discover, MC, VISA and AMEX. Credit Card Number, Expiration Date, Cardholder Signature, Date

PLEASE READ AND SIGN TO COMPLETE THIS FORM

I certify that the information provided on this form is correct and the prescriptions enclosed are for covered participants, and I authorize the release of this information to the Plan Sponsor, administrator or underwriter. Primary Member Signature, Date

Payment Information - Check or Money Order

Please make check or money order payable to Caremark. Do not send cash. Total Amount Enclosed \$