

# Extension of Benefits

NAME OF MEMBER \_\_\_\_\_

Ensure early access to their own permanent benefit package.

1) Name _____ Spouse _____ #KIDS ____ City _____ State ____ Relationship _____ Occupation _____ Phone1 _____ Phone2 _____	<b>COMPLETED?</b>	<input type="checkbox"/>
2) Name _____ Spouse _____ #KIDS ____ City _____ State ____ Relationship _____ Occupation _____ Phone1 _____ Phone2 _____	<b>COMPLETED?</b>	<input type="checkbox"/>
3) Name _____ Spouse _____ #KIDS ____ City _____ State ____ Relationship _____ Occupation _____ Phone1 _____ Phone2 _____	<b>COMPLETED?</b>	<input type="checkbox"/>
4) Name _____ Spouse _____ #KIDS ____ City _____ State ____ Relationship _____ Occupation _____ Phone1 _____ Phone2 _____	<b>COMPLETED?</b>	<input type="checkbox"/>
5) Name _____ Spouse _____ #KIDS ____ City _____ State ____ Relationship _____ Occupation _____ Phone1 _____ Phone2 _____	<b>COMPLETED?</b>	<input type="checkbox"/>
6) Name _____ Spouse _____ #KIDS ____ City _____ State ____ Relationship _____ Occupation _____ Phone1 _____ Phone2 _____	<b>COMPLETED?</b>	<input type="checkbox"/>
7) Name _____ Spouse _____ #KIDS ____ City _____ State ____ Relationship _____ Occupation _____ Phone1 _____ Phone2 _____	<b>COMPLETED?</b>	<input type="checkbox"/>
8) Name _____ Spouse _____ #KIDS ____ City _____ State ____ Relationship _____ Occupation _____ Phone1 _____ Phone2 _____	<b>COMPLETED?</b>	<input type="checkbox"/>
9) Name _____ Spouse _____ #KIDS ____ City _____ State ____ Relationship _____ Occupation _____ Phone1 _____ Phone2 _____	<b>COMPLETED?</b>	<input type="checkbox"/>
10) Name _____ Spouse _____ #KIDS ____ City _____ State ____ Relationship _____ Occupation _____ Phone1 _____ Phone2 _____	<b>COMPLETED?</b>	<input type="checkbox"/>

## FREE Prescription Discount Card

Card is Active. Call or go online now for program details.

Member ID # **DDN6868**

BIN # **015558**

Group # **DDN6868**



Member Info: **877.537.5537**

[www.ddnrxsavings.com/DDN6868](http://www.ddnrxsavings.com/DDN6868)

Discount Program | This is not insurance

powered by Discount Drug Network

**Save up to 85% on Rx drugs at your retail pharmacy**

**HOW TO USE THE CARD:**

- \* **Have Insurance?:** If you are obtaining a generic and your co-pay is more than \$10, then present our card to your pharmacist and ask "What's my Discount Drug Card price?". We are frequently less than your co-pay. We can also provide discounts on medications not covered by your prescription plan.
- \* **No Insurance?:** No problem! Use this card at the pharmacy every time you fill a brand name or generic prescription and save.

**ATTENTION PHARMACISTS:** This card is activated and entitles the member to all prescription drug benefits associated with the BIN and Group Numbers (per state and federal law). If you have any issues in processing this card, please call us at **877-537-5537 ext 1**

**Customer Care Line: 1-877-537-5537**

\*\*\*Please let everyone know that your representative will be calling them to verify information and see if they can qualify for additional benefits.\*\*\*