




For Service Benefit Plan Members

	<p>Mail this form to:</p>  <p>CVS Caremark PO BOX 1590 PITTSBURGH, PA 15230-9607</p>																				
<p>Member ID # (if not shown or if different from above)</p> <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					
<p>Prescription Plan Sponsor or Company Name</p>																					

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Instructions:
Please use **blue or black ink** and **print in capital letters**. Fill in **both sides** of this form.

New Prescriptions - Mail your new prescriptions with this form. Number of **New** prescriptions:

Refills - Order by Web, phone, or write in Rx number(s) below. Number of **Refill** prescriptions:

TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online at www.fepblue.org or call the toll-free number on your member ID card.

A Shipping Address. To ship to an address different from the one printed above, enter the changes here.

Last Name	First Name	MI	Suffix (JR, SR)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>
Street Address	Apt./Suite #		<input type="radio"/> Use shipping address for this order only.
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
City	State	ZIP Code	
<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/> - <input style="width: 20px;" type="text"/>	
Daytime Phone #: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Evening Phone #: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		

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B Refills. To order mail service refills, enter your prescription number(s) here.

1)	2)	3)	4)
5)	6)	7)	8)

If this prescription is for an injury that was work related, please call 1-800-262-7890.

On behalf of the Blue Cross and Blue Shield Federal Employee Program, CVS Caremark administers the Service Benefit Plan pharmacy benefit. CVS Caremark is an independent company which provides mail order prescription drugs to FEP members. CVS Caremark will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want generics, please provide instructions, including drug names, in the "Special Instructions" section of this form.

* WEB *

* WEB *

We may package all of these prescriptions together unless you tell us not to.

All claims for prescriptions submitted to CVS Caremark Mail Service Pharmacy using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.



