

Bollinger Prescription Drug Card Plan
Employee Enrollment Form

Please Print Clearly !

	<u>Soc.Security # **</u>	<u>First Name</u>	<u>M/I</u>	<u>Last Name</u>	<u>Gender</u> M/F	<u>Date of Birth</u>
<u>Employee</u>	- -					/ /
<u>Spouse</u>	<u>N/A</u>					/ /
<u>Child # 1</u>	<u>N/A</u>					/ /
<u>Child # 2</u>	<u>N/A</u>					/ /
<u>Child # 3</u>	<u>N/A</u>					/ /
<u>Child # 4</u>	<u>N/A</u>					/ /
<u>Child # 5</u>	<u>N/A</u>					/ /

** Social Security Numbers do NOT appear on ID cards.

PLEASE MAKE ADDITIONAL COPIES AS NEEDED AND DISTRIBUTE TO EACH ELIGIBLE EMPLOYEE