



Dear Valued Plan Participant:

THIS IS A ONE-TIME CARD TO BE USED UNTIL YOUR PERMANENT CARD ARRIVES. PLEASE DISCARD THIS PIECE OF PAPER AFTER RECEIVING YOUR PERMANENT CARD IN THE MAIL.

- 1. Please fill in the underlined areas with your name and ID number.**
(This information is needed by the pharmacist to process prescriptions)

RXBIN:	610029
RXPCN:	CRK
RXGRP:	OEL94
ISSUER:	(80840)
ID:	_____
Name:	_____

Present this card to any participating retail pharmacy to obtain your short-term supply of medicine. For additional pharmacies go to www.caremark.com or contact a Customer Care representative.

Customer Care: 1-888-769-9054

Submit Claims to: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

- 2. Please present this temporary benefit ID card to the pharmacist.**
- 3. For questions or concerns, please call toll-free at 1-888-769-9054 to speak to a Customer Care representative 24 hours a day, seven days a week.**

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.