



CVS Caremark Prescription Plan Enrollment Form

Part 1: Employee Information:

		Union Code: (Office Use Only)	
Social Security #:		Department:	
Last Name:		Home Address:	
First Name:	M.I.	City:	State: Zip:
Date of Hire:	Date of Birth:	Male ___ Female ___	
Effective Date:	Marital Status:		

Part 2: Coverage Tier:

Single 2 Adults Parent/Child(ren) Family

Part 3: Dependent Information

Relation	Change Type	Dependent Name (Last Name, First Name MI)	Gender	Date of Birth	Social Security #
Spouse	<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	
Child	<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	
Child	<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	
Child	<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	
Child	<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	

Part 4: Status Change:

Type of Event: Marriage Birth Divorce Open enrollment Other: _____

Date of Event: _____

EMPLOYEE SIGNATURE

DATE