# CVS Caremark Prescription Plan Enrollment Form

## Part 1: Employee Information:

| | | | |
|---|---|---|---|
| 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 | ☐ Add ☐ Remove | | ☐ Male ☐ Female | ____/____/____ | |
| Child | ☐ Add ☐ Remove | | ☐ Male ☐ Female | ____/____/____ | |
| Child | ☐ Add ☐ Remove | | ☐ Male ☐ Female | ____/____/____ | |
| Child | ☐ Add ☐ Remove | | ☐ Male ☐ Female | ____/____/____ | |
| Child | ☐ Add ☐ Remove | | ☐ Male ☐ Female | ____/____/____ | |

## Part 4: Enrollment/Change Reason:

**Type of Event:** ☐ Marriage ☐ Birth ☐ Divorce ☐ Open Enrollment ☐New Hire ☐ Other: _____

**Date of Event:** _____

_____ _____

EMPLOYEE SIGNATURE DATE

Updated: November 2026