



Member & Immediate Family Economy Plan- Enrollment Form

Member Name: _____
 Membership #: _____ Local #: _____ D.O.B.: ___/___/___
 Address: _____
 City: _____ State: _____ Zip: _____ Telephone # (____) _____
 Email Address: _____
 Spouse Name: _____ D.O.B.: ___/___/___
 Dependent Name: _____ D.O.B.: ___/___/___
 Dependent Name: _____ D.O.B.: ___/___/___
 Dependent Name: _____ D.O.B.: ___/___/___

This plan is administered by Sav-Rx to offer a pharmacy benefit to meet the challenges of health cost containment. It offers a prescription benefit at a low monthly premium.

Monthly Premium:

_____ Single \$6.00
 _____ Member + Spouse \$12.00
 _____ Member + 1 Dependent \$12.00
 _____ Family \$18.00

Coverage Start Month: _____ Coverage End Month: _____
 Number of Months: # _____ Total Paid: \$ _____

*Checks should be made out to MROC
 Please remit form & payment to: Melissa Hendricker, Midwest Region
 1 N Old State Capitol Plaza, Suite 525
 Springfield, IL 62701*

*****Disclaimer: This plan might not be right for Medicare/Medicaid eligible participants *****

Member Signature: _____ Date: _____

FOR OFFICE USE ONLY MEMBER VERIFICATION: Date verified _____ By: _____



Extended Family Economy Plan- Enrollment Form

Participant Name: _____ D.O.B.: ___/___/___
Relationship to Member: _____ Local#: _____
Address: _____
City: _____ State: ___ Zip: ___ Telephone # (____) _____
Email Address: _____
Spouse Name: _____ D.O.B.: ___/___/___
Dependent Name: _____ D.O.B.: ___/___/___
Dependent Name: _____ D.O.B.: ___/___/___
Dependent Name: _____ D.O.B.: ___/___/___

This plan is administered by Sav-Rx to offer a pharmacy benefit to meet the challenges of health cost containment. It offers a prescription benefit at a low monthly premium.

Monthly Premium:

_____ Single \$6.00
_____ Participant + Spouse \$12.00
_____ Participant + 1 Dependent \$12.00
_____ Participant Family \$18.00

Coverage Start Month: _____ Coverage End Month: _____

Number of Months: # _____ Total Paid: \$ _____

*Checks should be made out to MROC
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Springfield, IL 62701*

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Participant Signature: _____ Date: _____