



ClaimLinx
 10260 Alliance Road
 Suite 130
 Cincinnati, OH 45242
 (513) 677-6262 or (800) 858-1772 Phone
 (513) 677-6263 or (800) 858-1913 Fax
 www.claimlinx.com

Benefit Administration That's Personal!

ID Card Request Form

NOTE: Please fax or mail to process your request.

Today's Date: _____ **# Pages** _____
(include coversheet)

Company: _____

Employee Name: _____
(Please Print Clearly – First Name, MI, Last Name)

Current Address: _____
(Street Address)

(City, State, Zip Code)

Relationship - S = Self / SP = Spouse / CH = Child
ID card type: TBA Card =Employer Funded ID Card / TS = Total Script / PBMPPlus = PBM Plus w/TBA Card

Indicate below the Member Name and type of card that you are requesting.

	Card requested for (Member Name)	Relationship to Employee (Circle)	ID Card Type (Circle)	Quantity
1		S / SP / CH	TBA / TS / PBM Plus	
2		S / SP / CH	TBA / TS / PBM Plus	
3		S / SP / CH	TBA / TS / PBM Plus	
4		S / SP / CH	TBA / TS / PBM Plus	
5		S / SP / CH	TBA / TS / PBM Plus	
6		S / SP / CH	TBA / TS / PBM Plus	
7		S / SP / CH	TBA / TS / PBM Plus	