

MEDSAVE ENROLLMENT FORM

Please complete ONE enrollment form for EACH HOUSEHOLD. PLEASE PRINT CLEARLY.

*indicates required fields - incomplete forms cannot be processed.

Subscriber Information:

First Name* _____ MI _____ Last Name* _____
Person Code 1 _____ Date of Birth* (MM/DD/YYYY) _____
Phone Number _____ Email Address _____
Customer Status: I am an EXISTING pharmacy customer I am a NEW pharmacy customer
Address 1 _____ Address 2 _____
Street Address, P.O. Box, Company Name, C/O Apartment, Suite, Unit, Building, Floor, etc.
City _____ State/Province/Region _____ Zip/Postal Code _____ Country _____

Enrollment Information for Dependents Covered In Addition to Subscriber:

First Name _____ Last Name _____ Person Code 2 _____
Relationship _____ Date of Birth (MM/DD/YYYY) _____
First Name _____ Last Name _____ Person Code 3 _____
Relationship _____ Date of Birth (MM/DD/YYYY) _____
First Name _____ Last Name _____ Person Code 4 _____
Relationship _____ Date of Birth (MM/DD/YYYY) _____

Authorization:

Terms:

This pharmacy savings program, MedSave™ Card, is administered by Medical Security Card Company (MSC), LLC of Tucson, AZ. In administering the MedSave™ Card MSC receives individually identifiable health information (including but not limited to the information provided on this enrollment form), from program transactions, or directly from you. Your authorization is required as a condition of enrollment in the program as MSC must have this information to administer its point-of-sale discount prescription service. The individually identifiable health information provided to MSC and Family Fare LLC and its affiliates is not transferred, sold, or otherwise disclosed to third parties, except as necessary for the proper administration of the program, or as may be otherwise required by law, and is always protected as Confidential Private information. To view the MSC Privacy Policy, please visit www.scriptsave.com/privacy.aspx.

Authorization:

I understand that my signature on this enrollment form constitutes my written authorization for MSC to receive and use the individually identifiable health information described above for the proper administration of the MedSave™ Card in accordance with applicable law. I understand that if my individually identifiable health information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by a person who receives this information and that the re-disclosure may not be protected by applicable privacy laws. This authorization shall remain in effect for the duration of my enrollment in the program. I have the right to revoke this authorization in writing at any time by contacting Medical Security Card Company, LLC at 4911 E. Broadway Blvd., Tucson, AZ 85711, except to the extent that my medical information has already been used or disclosed in reliance on this authorization. However, because this information is essential to the administration of this program, my revocation of this authorization shall result in cancellation of my enrollment in the program. If you are signing on behalf of dependent family members, your signature verifies that you are the parent/legal guardian or an authorized representative of the individuals identified above.

*Subscriber Signature: _____ Date: _____

Guest Name: _____ Relationship to Guest (if signed by representative): _____ Date: _____

Additional Health Savings Information:

Pursuant to your enrollment in the MedSave™ Card, MSC and Family Fare LLC and its affiliates may also provide you with information that may be of value to you, such as drug price comparisons, and/or special savings opportunities through programs administered by MSC and/or Family Fare LLC and its affiliates. Your signature below constitutes your written authorization for MSC and Family Fare LLC and its affiliates to provide you with Additional Health Savings information as described above. You may opt out of receiving future transmissions of Additional Health Savings information from MSC by contacting Customer Service at 1-800-700-3957. If you are signing on behalf of dependent family members, your signature verifies that you are the parent/legal guardian or an authorized representative of the individuals identified above.

Subscriber Signature: _____ Date: _____

Guest Name: _____ Relationship to Guest (if signed by representative): _____ Date: _____

Right to Receive Copy of this Authorization:

I understand I have the right to receive a copy of this signed authorization at the time of enrollment. Electronic Record: I understand that this Enrollment Form and Authorization may be scanned and stored by MSC in an electronic format. I agree that an electronic record of this Enrollment Form and Authorization will have the same legal effect as the original document.

Terms & Conditions

This card and use of the services are subject to payment of an annual enrollment fee and the following terms and conditions. Please read these terms and conditions carefully before completing your registration for the services, so that you fully understand your rights and responsibilities.

Disclaimer

This discount card is NOT health insurance and is not intended as a substitute for insurance. The card does not qualify as minimum creditable coverage under Massachusetts law or where prohibited by law. The card only provides for discounts on certain medications from participating pharmacies, and the range of discounts will vary depending on the pharmacy and the medication received. The card does not make payments to pharmacies. Members are required to pay for prescription purchases, but will receive a discount from participating pharmacies. Prescriptions paid for in whole or part by publicly funded health care programs, such as Medicare and Medicaid, are ineligible. Membership discounts cannot be combined with any insurance. This card is administered by Medical Security Card Company, LLC (MSC), 4911 E. Broadway Blvd., Tucson, AZ 85711, www.scriptsave.com and is marketed by Family Fare LLC and its affiliates.

This program is not available in all states. This program is governed by the terms and conditions outlined on this enrollment form. Administrator is not responsible for providing or guaranteeing service or for the quality of service rendered. Participating pharmacies are subject to change without notice and are not available in all areas. This contract is not protected by any state guaranty fund.

Fees & Terms of Agreement

An annual fee of \$5 is payable at the time of enrollment and the program is effective immediately upon receipt of enrollment fee and signed enrollment form. There is no waiting period for accessing services under the program once enrollment and fee have been received. An annual \$5 membership fee is due on the anniversary of your enrollment.

Program Features

To obtain discounts, present your membership card at a participating pharmacy before you pay for any prescription purchases. MedSave provides you with:

- savings on preferred generic and brand medications; \$4 for a 30-day supply** and \$10 for a 90-day supply**
- savings on all other generic and brand-name medications
- savings on immunizations
- savings on select human-equivalent pet medications

Household Membership

Members of your household are members of this program. A household member includes any person or pet residing in your household.

Cancellation and Termination

If you are not completely satisfied, you may call or write to cancel at any time. If you cancel within the first 30 days after enrolling, you will receive a refund of your membership fee. If you cancel after the first 30 days, your membership will terminate as of that date.

Contacting Us

If you have any other questions or concerns regarding this program or to opt out, please contact us as follows:

Address: Medical Security Card Company
4911 E. Broadway Blvd.
Tucson, AZ 85711

Phone: 1-800-700-3957
E-mail: customer-care@scriptsave.com

**The day supply is based upon the average dispensing patterns for the specific drug and strength. The Program, as well as the prices and the list of covered drugs can be modified at any time without notice.