

BADGER *Rx* gold™ program

your information

please print legibly, use black or blue ink

> name _____
first m.i. last

> address _____
number street apt. #

city state zip code

social security number _____

date of birth ____ / ____ / ____ gender M or F
mm dd yyyy circle one

telephone _____ fax _____
(area code) (optional) (area code)

email address _____
(optional)

spouse

> name _____
first m.i. last

date of birth ____ / ____ / ____ gender M or F
mm dd yyyy circle one

dependents

1 name _____
first m.i. last

date of birth ____ / ____ / ____ gender M or F
mm dd yyyy circle one

2 name _____
first m.i. last

date of birth ____ / ____ / ____ gender M or F
mm dd yyyy circle one

3 name _____
first m.i. last

date of birth ____ / ____ / ____ gender M or F
mm dd yyyy circle one

4 name _____
first m.i. last

date of birth ____ / ____ / ____ gender M or F
mm dd yyyy circle one

5 name _____
first m.i. last

date of birth ____ / ____ / ____ gender M or F
mm dd yyyy circle one

6 name _____
first m.i. last

date of birth ____ / ____ / ____ gender M or F
mm dd yyyy circle one

If you have more than six dependents, please call a customer service representative (toll-free) at 866-809-9382 (8am to 6pm Central time, M-F). A representative will help you enroll by phone.

