



Express Scripts Medicare (PDP) Enrollment Form

Employer: Electric Boat Corporation – LIMITED Rx Plan

Effective date of coverage _____

Personal Applicant Information – As it appears on your Medicare card			
If both retiree and spouse are enrolling, each applicant will need their own form			
Last Name	First Name	MI	Date of Birth (mm/dd/yyyy)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Social Security #
Medicare Number	Medicare Part A Effective Date	Medicare Part B Effective Date	
Are you the Retiree? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If the answer is no, what is your relationship to the retiree? <input type="checkbox"/> Spouse <input type="checkbox"/> Surviving Spouse			
Name of Retiree _____			
Retiree Social Security # _____ Retiree Date of Birth _____			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If “no”, please provide your retirement date _____			
If “yes”, are you working full-time or part-time _____			
Mailing Address		City	
		State	Zip Code
Legal Street Address (if different than above)		City	
		State	Zip Code
Home Telephone	Alternative Phone (Cell)	County	
()	()		
Email Address			
Do we have your permission to email you? <input type="checkbox"/> Yes <input type="checkbox"/> No			

