SAV-RX Prescription Services
For Organized Labor - By Organized Labor
1-800-228-3108
www.savrx.com

LiUNA! MIDWEST REGION

Employees & Family
Economy Plan- Enrollment Form

This plan is administered by Sav-RX to offer a pharmacy benefit at a low monthly premium.

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.: ____/ ____ /____

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: $_____

Please make checks payable to: MROC
Please remit form & payment to: MROC
C/O Melissa Hendricker
1 N Old State Capitol Plaza, Suite 525
Springfield, IL 62701

Note: If you are a Medicare/Medicaid eligible participant, certain medications not covered by Medicare/Medicaid may be covered by this plan.

Member Signature: _____ **Date:**_____

FOR OFFICE USE ONLY MEMBER VERIFICATION: Date verified_____By:_____