

Joint Electrical Industry's Welfare Plan

101 – 4190 Lougheed Highway, Burnaby, B.C. V5C 6A8 Telephone 604-299-7482 Facsimile 604-299-8136

PRESCRIPTION DRUG CARD REPLACEMENT REQUEST

******* ATTENTION: Administration Dept. *******

DATE: _____

MEMBER NAME: _____

MEMBER SIN: _____

ADDRESS: _____

REASON FOR REPLACEMENT CARD REQUEST:

(LOST CARD, WALLET STOLEN, NEVER RECEIVED CARD ETC.):

NUMBER OF CARDS REQUIRED (CIRCLE ONE)

1 CARD

2 CARDS

Please note, when a Member has dependent coverage, two cards are issued, both in the Member's name, not the spouse's name. The second card is intended for the spouse to carry in her/his wallet and to advise the Pharmacist that they are the spouse of the Member. Cards are not intended for dependent children to carry.

With respect to the Linemen Division only, dependent children who are enrolled full time in school who are between the ages of 21 and 25, will receive a drug card in their own name stating they are an overage dependent). Please indicate if replacement card request is for the Member or the overage dependent.