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	Mail this form to:		
Member ID # (if not shown or if different from above)	-		
Prescription Plan Sponsor or Company Name			
Instructions: Please use blue or black ink and print in capital letters. Fill in both sides of this form.			
New Prescriptions - Mail your new prescriptions with this form. Number of New prescriptions:			
Refills - Order by Web, phone, or write in Rx number(s) below. Number of Refill prescriptions: TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online at www.caremark.com or call the toll-free number on your member ID card.			
A Shipping Address. To ship to an address different from the one printed above, enter the changes here.			
Last Name	First Name MI Suffix (JR, SR)		
Street Address	Apt./Suite # Use shipping address for this order only.		
City Daytime Phone #:	State ZIP Code Evening Phone #:		
B Refills. To order mail service refills, enter your prescription number(s) here.			
1)2)	3)4)		
5), 6),	7)8)		
CVS Caremark wants to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.			

We may package all of these prescriptions together unless you tell us not to.

All claims for prescriptions submitted to CVS Caremark Mail Service Pharmacy using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.



First person with a refill or new prescription. Last Name First Name	Spanish forms and labe
Nickname	Suffix (JR,SR)
Gender: () M () F Date of birt MM-DD-YYY	
E-mail address: Da	te new prescription written:
Doctor's last name Doctor's first name	Doctor's phone #
Tell us about new health information for 1st person if never properties: None Sulfa Other:	
Medical conditions: Arthritis Asthma Diabetes Acid High blood pressure High cholesterol Migraine Other:	
Second person with a refill or new prescription.	○ Spanish forms and labe
Nickname Gender: M F Date of birth MM-DD-YYY	Suffix (JR,SR)
	Y Lite new prescription written:
Doctor's last name Doctor's first name	Doctor's phone #
Tell us about new health information for 2nd person if never p	rovided or if changed.
Allergies: None Aspirin Cephalosporin Codeine Sulfa Other:	Erythromycin O Peanuts O Penicilli
○ High blood pressure ○ High cholesterol ○ Migraine ○	Osteoporosis O Prostate issues O Thyroid
Other:	Osteoporosis O Prostate issues O Thyroid
High blood pressureOther:Special instructions:	Osteoporosis O Prostate issues O Thyroid
 High blood pressure Other: Special instructions: How would you like to pay for this order? (If your copay is \$0, your copay)	Osteoporosis O Prostate issues O Thyroic
High blood pressureOther:Special instructions:	you do not need to provide payment information.
High blood pressure High cholesterol Migraine Other: Special instructions: How would you like to pay for this order? (If your copay is \$0, your bank account. (You must find	Osteoporosis O Prostate issues O Thyroic Osteoporosis O Prostate issues O Prostate iss
 High blood pressure Other: Special instructions: How would you like to pay for this order? (If your copay is \$0, your copay) 	Osteoporosis O Prostate issues O Thyroic Osteoporosis O Prostate issues O Thyroic Osteoporosis O Provide payment information.
 High blood pressure	Osteoporosis O Prostate issues O Thyroic Osteoporosis O Prostate issues O Thyroic Osteoporosis O Provide payment information.
High blood pressure High cholesterol Migraine Other: Special instructions: How would you like to pay for this order? (If your copay is \$0, your copens to be paydent for this order?) Electronic check. Pay from your bank account. (You must find the company of the copens of the cop	Osteoporosis O Prostate issues O Thyroic you do not need to provide payment information est register online or call Customer Care.)
High blood pressure High cholesterol Migraine Other: Special instructions: How would you like to pay for this order? (If your copay is \$0, your copay is \$0, your card check. Pay from your bank account. (You must find the Credit or debit card. (VISA®, MasterCard®, Discover®, or Among Use your card on file. Use a new card or update your card's expiration date. Exp.Date	Osteoporosis O Prostate issues O Thyroic you do not need to provide payment information. est register online or call Customer Care.) erican Express®) Credit card holder signature/Date
High blood pressure High cholesterol Migraine Other: Special instructions: How would you like to pay for this order? (If your copay is \$0, your cape) Electronic check. Pay from your bank account. (You must find Use your card on file. Use a new card or update your card's expiration date. Credit card number Check or money order. Amount: \$ Make check or money order payable to CVS Caremark.	Osteoporosis O Prostate issues O Thyroic you do not need to provide payment information. est register online or call Customer Care.) erican Express®) Credit card holder signature/Date Regular delivery is free and takes up to 5 days after your order is processed.
High blood pressure High cholesterol Migraine Other: Special instructions: How would you like to pay for this order? (If your copay is \$0, your coperate to be payded to be	Osteoporosis O Prostate issues O Thyroic you do not need to provide payment information. est register online or call Customer Care.) erican Express®) Credit card holder signature/Date Regular delivery is free and takes up to 5
High blood pressure High cholesterol Migraine Other: Special instructions: How would you like to pay for this order? (If your copay is \$0, your cope with the company of this order? (If your copay is \$0, your cope with the co	Osteoporosis
High blood pressure High cholesterol Migraine Other: Special instructions: How would you like to pay for this order? (If your copay is \$0, your coperate to be payded to be	Osteoporosis

Notice of Nondiscrimination

Federal civil rights laws prohibit certain health programs and activities from discriminating on the basis of race, color, national origin, age, disability, or sex. The laws apply to health programs and activities that receive funding from the Federal government, are administered by a Federal agency or are offered on a public Health Insurance Marketplace. Health plans that are subject to the laws include Medicare Part D plans, Medicaid plans, health plans offered by issuers on Health Insurance Marketplaces, and certain employee health benefit plans. If you have questions about whether these Federal civil rights laws apply to your plan, please contact your health plan at the number in your benefit plan materials.

If your health plan is subject to these Federal civil rights laws, it complies with the laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Your health plan:

- Provides appropriate aids and services, free of charge, when necessary to ensure that people with disabilities have an equal opportunity to communicate effectively with us, such as:
 - Auxiliary aids and services
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language assistance services, free of charge, when necessary to provide meaningful access to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Customer Care at the phone number on your benefit ID card.

If you believe these services have not been appropriately provided to you or you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail, fax, or email with your health plan's Civil Rights Coordinator.

You may also contact Customer Care and we will direct your grievance to your health plan's Civil Rights Coordinator:

Nondiscrimination Grievance Coordinator PO BOX 6590, Lee's Summit, MO 64064-6590

Phone: 1-866-526-4075 TTY: 1-800-863-5488 Fax: 1-855-245-2135

Email: nondiscrimination@cvscaremark.com

If you need additional help filing a grievance, your health plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201 1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call Customer Care at the number on your benefit ID card (TTY: 800-863-5488).

E 2 1	ATENICIÓN, el belle con continue de disconsidir de la continue de
Español	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
	Llame a Servicio al cliente al número telefónico que aparece en su tarjeta de identificación de
h '	beneficios (TTY:800-863-5488). 注音:加里你使用數學力文 你可以免费獲得語言控助服效 建烧红你短利息必染上的電話
中文	注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請撥打您福利身份證上的電話 號碼(TTY:800-863-5488)致電客戶關懷
Tiếng Việt	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi cho
	Ban Chăm Sóc Khách Hàng theo số điện thoại có trên thẻ nhận dạng phúc lợi của bạn
	(TTY: 800-863-5488).
한국어	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
	본인의 혜택 ID 카드에 표시된 고객 지원 전화번호로 연락주시기 바랍니다.
	(TTY: 800-863-5488).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa
	wika nang walang bayad. Tumawag sa Customer Care sa numero ng telepono na nasa iyong ID card ng benepisyo (TTY: 800-863-5488).
Русский	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги
•	перевода. Свяжитесь с Отделом обслуживания клиентов по номеру телефона, указанному на вашей индивидуальной карте для социальных выплат (Телетайп: 800-863-5488).
العربية	ملحوظة: إذا كنت تتُحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصلُ بفريق دعم
	العملاء على الرقم الموجود على بطاقة التعريف. (هاتف الصم والبكم: 5488-863-800).
Kreyòl	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele
Ayisyen	Sèvis Kliyan nan nimewo telefòn ki sou kat ID benefis ou an (TTY: 800-863-5488).
Français	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés
•	gratuitement. Appelez le Service client au numéro de téléphone figurant sur votre carte de
	prestations (ATS:800-863-5488).
Polski	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń
	do Obsługi Klienta, korzystając z numeru podanego na Twojej karcie identyfikacyjnej korzyści
	(TTY: 800-863-5488).
Português	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para a
	Linha de Apoio ao Cliente, para o número escrito no seu cartão de identificação de beneficiário
	(TTY:800-863-5488).
Italiano	ATTENZIONE: Nel caso in cui la lingua parlata sia l'italiano, sono disponibili gratuitamente servizi
	di assistenza linguistica. Contattare l'Assistenza Clienti al numero che compare sulla propria tessera
	identificativa (TTY: 800-863-5488).
Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen
	zur Verfügung. Rufen Sie die Kundenbetreuung unter der Rufnummer auf Ihrer Versicherungskarte
	an (TTY: 800-863-5488).
日本語	注意事項:日本語を話される場合、無料で言語支援をご利用いただけます。保険カードに 記載されているカスタマーケアの電話番号へ(TTY: 800-863-5488)お問い合わせください。
فارسی	توجُّه: اگر به زبان فارسی گفتگو میکنید، تسهیلات زبانی بصورت رایگان برای شما فراهم
	می باشد. از طریق شماره تلفن درجشده بر روی کارت شناسایی کمکهزینهٔهای خود ٔ
	(TTY: 800-863-5488) با بَخش پَشتَیبانی مشَتَریان تِماس بگیرید.
हिंदी	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। आपके बेनिफिट
-	आईडी कार्ड पर दिए गए ग्राहक सेवा के फोन नंबर पर कॉल करें (TTY: 800-863-5488)।
Հայերեն	ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա ձեզ անվձար կարող են
• •	տրամադրվել լեզվական աջակցության ծառայություններ։ Զանգահարեք՝
	Հաձախորդների սպասարկում՝ ձեր նպաստների ID քարտի վրա նշված
	իեռախոսահամարով (TTY: 800-863-5488).
ગુજરાતી	સુંયૂના: જો તુમે ગુજૃરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સ્હાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. તમારા
	બેનીફિટ આઈડી કાંર્ડ ઉપરના ફોન નંબર પર કસ્ટમર કેરને કોલ કરો (TTY: 800-863-5488).
Hmoob	MLOOG ZOO: Yog koj hais lus Hmoob, peb muaj neeg txhais lus, pub dawb rau koj. Hu rau Cov
	Neeg Pab Qhua Lag Luam ntawm tus xov tooj nyob hauv koj daim ID siv qhov kev pab no (Rau cov
	neeg hais tsis tau lus thiab tsis nov lus siv tus xov tooj (TTY:800-863-5488).
أردُو	خبردار :اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ اپنے منفعت آئی ڈی کارڈ پر فون
	نمبر پر کسٹمر کیئر پر کال کریں (ٹی ٹی وائی: (848-863-863).
ខ្មែរ	ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្លួលគឺអាចមានសំរាប់បំរើអ្នក។
₩ -	
ı	សូមទូរស័ព្ទទៅផ្នែកថែទាំអតិថិជនតាមលេីខទូរស័ព្ទនៅលេីប័ណ្ណ ID អត្ថប្រយោជន៍របស់អ្នក
	(TTY:800-863-5488) ^q

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ਪੰਜਾਬੀ	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ਤੁਹਾਡੇ ਬੈਨੀਫਟਿ ID ਕਾਰਡ ਉੱਪਰ ਦੀੱਤੇ ਗਏ ਫ਼ੋਨ ਨੰਬਰ ਤੇ ਕਸਟਮਰ ਕੇਅਰ ਨੂੰ ਕਾੱਲ ਕਰੋ (ਟੀ ਟੀ ਵਾਈ: 800-863-5488)।
বাংলা	লক্ষ্য করুনঃ যদি আপুনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা
	হায়তা পরিষেবা উপলব্ধ আছে। কাস্টমার কেয়ারে ফোন করুন আপনার বেনিফিট আইডি কার্ডে দেওয়া নম্বর অনুযায়ী (TTY:800-863-5488).
אידיש	אויפמערקזאם: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, פריי פון אפצאל, אוועילעבל פאר אייך. רופט ITY: 800-863-5488 (TTY: 800-863-5488) קאסטומער קעיר אויפן טעלעפאן נומער וואס איז אויף אייער בענעפיט
አማርኛ	ማስታወሻ: የሚናንሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያባዝዎት ተዘጋጀተዋል። በጥቅጣጥቅም መታወቂያ ካርድዎ ላይ በሚንኘው ስልክ ቁጥር ለደንበኞች አንልግሎት ይደውሉ (መስጣት ለተሳናቸው:- 800-863-5488)።
ภาษาไทย	หมายเหตุ: ถ้าคุณพูดภาษาไทย เรามีบริการให้ความช่วยเหลือด้านทางภาษาให้คุณฟรี
	ให้โทรหาฝ่ายบริกา๊รลูกค้าที่หมายเลขโทรศัพท์ที่ระบุอยู่บนบัตรรหัสผลประโยชน์ของคุณ (โทร: 800-863-5488).
Oroomiffa	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni
	argama. Karaa lakkoosfa bilbila Kunuunsaa Maamiltootaa waraqaa eenyummaa faayidaa kee irratti argamu (TTY:800-863-5488) tiin bilbili.
Ilokano	PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna,
	ket sidadaan para kenyam. Tawagan ti Customer Care iti numero ti telepono a nakasurat iti ID card ti benepisioyo (TTY: 800-863-5488).
ພາສາລາວ	ໂປດຊາບ: ຖ້ຳວົ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານ
	ພາສາ,ໂດຍບໍ່ເສັ້ງຄ່າ,ແມ່ນມີພ້ອມໃຫ້ທ່ານ.ກະລຸນາໂທຫາສູນຊ່ວຍເຫຼືອລູກຄ້າຕາມເບີ້ໂທທີ່ລະບຸເທິງບັດປະຈຳ ຕົວຜູ້ຮັບການສົ່ງເຄາະ (TTY:800-863-5488).
Shqip	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.
	Thirrni Kujdesin për Konsumatorët në numrin e telefonit në kartelën tuaj të beneficioneve (TTY: 800-863-5488).
Srpsko-	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno.
hrvatski	Pozovite službu koja brine o korisnicima na broju telefona koji se nalazi na vašoj ID kartici usluga (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 800-863-5488).
Українська	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної
	служби мовної підтримки. Телефонуйте у Відділ обслуговування клієнтів за номером, вказаним на вашій індивідуальній карті для соціальних виплат (Телетайп: 800-863-5488).
नेपाली	ध्यान दिनुहोस्: यदि तपाईले [तपाईकृो भाषा राख्नुहोस्] भाषा बोल्नुहुन्छ भने तपाईको लागि नि:शुल्क भाषा
	सहायता सैवाहरू उपलब्ध छन्। तपाईको बेनिफिट आईडी कार्डमा भएँको ग्राहक स्योहारको फोन नम्बर (TTY:800-863-5488) मा फोन गर्नुहोस्।
Nederlands	AANDACHT: Als u Nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige
	diensten. Bel de Klantenservice op het telefoonnummer op uw id-voordeelkaart (TTY:800-863-5488).
unD	ဟ်သူဉ်ဟ်သး– နမ္နာ်ကတိၤ ကညီကိုဉ် အဃိ, နမၤန္နာ် ကိုဉ်တာ်မၤစၢၤတဖဉ်, လၢတလာ်ဘူဉ်လာ်ာစ္၊သ့န္နာ်လီၤ. ကိုးတာ်က
	ွု်ထွဲမှာရူးကါတါဖိ စဲနီဉိဂ်ာ်လာအအိဉ်လာနတာ်နှာ်ဘျူး ID ခးကဲ့အလီး (TTY: 1-800-863-5488) တက္နာ်.
Gagana fa'a	FAAALIGA: Afai e te tautala Faa-Samoa, o loo avanoa le fesoasoani mo le gagana mo oe, e leai se
Sāmoa	totogi. Telefoni atu i le Tautua mo le Lautele (Customer Care) i le numera o le telefoni o lo i lau pepa ID (TTY:800-863-5488).
Kajin Majōļ	LALE: Ne kwoj konono kajin Majol, komaron in bok jipan ko ilo kajin ne am ejelok wonaan. Kirlok ro rej bok eddo im ej walok ilo ID kaat in jiban eo am (TTY: 800-863-5488).
Română	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuity. Sunați la Relații Clienți la numărul de telefon de pe cardul dvs. de benficii (TTY: 800-863-5488).
Foosun	MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei
Chuuk	aninisin chiakku, ese kamo. Kopwe kokkori nampan Anisi Chon Fiti won epekin om we taropwen esisinnan chon fiti. (TTY:800-863-5488).
Tonga	TOKANGA MAI: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'e totongi, pea teke lava 'o ma'u ia. Telefoni mai 'i he numera 'i he funga 'o ho'o kaati ID 'aonga (TTY: 800-863-5488)
Bisaya	ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa
,	lengguwahe, nga walay bayad. Tawage ang Customer Care sa numero sa imong benepisyo nga ID kard. (TTY:800-863-5488).
Ikirundi	ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona serivisi y'ubudandaji kuri izi numero za terefone ku nyungu za karangamuntu yawe (TTY:800-863-5488).
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Kiswahili	KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu kwenye Kituo cha Huduma kwa Wateja kupitia nambari ya simu iliyo nyuma ya kadi yako ya utambulisho ya manufaa (TTY: 800-863-5488).
Bahasa Indonesia	PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi Layanan Pelanggan di nomor telepon yang tertera pada kartu ID manfaat Anda (TTY: 800-863-5488).
Türkçe	DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. Sosyal Yardım Kimlik kartınızdaki telefon numarasından Müşteri Hizmetlerini arayın (TTY: 800-863-5488).
كوردى	. ئاگاداری :ئهگهر به زمانی کوردی قهسه دهکهیت، خزمه تگوز اریه کانی یارمه تی زمان، به خوّر ایی بو تو به ردهسته. پهیوه ندی به چاو دیّری به چاو دیّری به کار بکه له ریّگهی ژماره ی سهر ناسنامه ی سوودت (848-863-800 :TTY).
తెలుగు	శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగుభాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. మీ బెనిఫిట్ కార్డ్ ఐడి నెంబరుపై ఉన్న ఫోన్ నెంబరు (TTY:800-863-5488) ద్వారా కస్టమర్ కేర్కు కాల్ చేయండి
Thuoŋjaŋ	PID KENE: Na ye jam në Thuonjan, ke kuony yenë koc waar thook atö kuka lëu yök abac ke cïn wënh cuatë piny.Col rän tön dë koc kë luoi ye koc kuony në nämba dën tö në I.D Kat du yic (TTY:800-863-5488).
Norsk	MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring kundeservice på telefonnummeret som står på fordels-ID-kortet. (TTY: 800-863-5488).
Català	ATENCIO: Si parleu Català, teniu disponible un servei d'ajuda lingüística sense cap càrrec. Truqueu a Atenció al client al número de telèfon que apareix en la vostra targeta d'identificació de beneficis (TTY:800-863-5488).
λληνικά	Προσοχή: Εάν μιλάτε Ελληνικά, υπάρχει δωρεάν διαθέσιμη υπηρεσία γλωσσικής υποστήριξης. Καλέστε το Κέντρο Υποστήριξης Πελατών στο τηλέφωνο που αναγράφεται στην Κάρτα σας προνομίων μέλους Αριθμός για άτομα με προβλήματα ακοής/ομιλίας- ΤΤΥ: 800-863-5488
Igbo asusu	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site. Kpoo onye ntuzi aka na nomba ekwenti nke di na kaadi uru njirimara gi (TTY:800-863-5488).
èdè Yorùbá	Akiyesi: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro Olùtojú Onibàárà sórí nombà ori káádi alánfààni re (TTY:800-863-5488).
Lokaiahn Pohnpei	Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Ma komw anahne sawas ah komw kak call nembe me mih ni sapwelmwomi Benefit ID card. (TTY:800-863-5488).
Deitsch	Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die Englisch Schprooch. Ruf selli Nummer uff: Ruf die Leit bei Customer Care uff unnich die Namber as uff dei Benefit-ID-Card is. (TTY: 800-863-5488).
hoʻokomo ʻōlelo	E kaulona mai: Inā 'ōlelo Hawai'i 'oe, aia ho'i nā lawelawe 'ōlelo, manawale'a ho'i kēia no 'oe. Kelepona mai i ka helu i luna o kāu pepa ola no ke kōkua iā 'oe (TTY:800-863-5488).
Adamawa	MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu hakkilanobe to limngal gonngal dow kaatiwol ID maada (TTY:800-863-5488).
tsalagi gawonihisdi	Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. OʻhGoDУ dӨ\$4oDAJ @ÞAbWOʻb ӨoDУ J4oDJ hSAQP ID DThhoDJ GVF &L. (TTY:800-863-5488)
I linguahén Chamoru	ATENSIÓN: Yanggen un tungó [I linguahén Chamoru], i setbision linguahé gaige para hagu dibatde ha. Agang i Ayudan Taotao gi numero gaige gi benefisiun ID kart-mu (TTY:800-863-5488).
ÿiċœ	امبخلتا: اخني همزيمخ سورث اين ايلا بلاش. مخبرو رقم ديا ليًا بطاقة مساعدة ديا. (لاشمي ولامصوثي ٤٨٨ ١٨٠٠٨٦٣٥) (TTY:800-863-5488)
ကြမာနျန	သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊
	အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ သင့် အကျိုးပြုအိုင်ဒီကဒ်ရှိ ဖုန်းနံပါတ် (TTY: 1-800-863-5488) ဖြင့် ဖောက်သည်ဂရုပြုမှုကို ဖုန်းခေါ်ပါ။
Diné Bizaad	Díí baa ako' nínízíndoo. Diné Bizaad bee yá nílti' go, t'áá jii k'eh ná hóló, saad bee niká' a' alyeedigíí. Koji' hó dííl niih. (TTY:800-863-5488).
Bàsớò-wùdù -po-nyò	Dè dɛ nìà kɛ dyédé gbo: O jǔ ké m̀ [Bàsóò-wùdù-po-nyò] jǔ ní, nìí, à wudu kà kò dò po-poò bɛìn m̀ gbo kpáa. Sébél nsinga i Téda Nsòmb i yé ntilgaga i kat yòn yénè (TTY:800-863-5488)
Chahta	ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Chi na halbina holisso iskitini ma holhtena yvt takanli mako itatoba ahalaia ya i paya. (TTY:800-863-5488).