



**Continued** 

# **Prescription Reimbursement Claim Form**

## **Important!**

- Always allow up to 30 days from the time you receive the response to allow for mail time plus claims processing.
- Keep a copy of all documents submitted for your records.



- Do not staple receipts or attachments to this form.
- Reimbursement is not guaranteed and other contractor will review the claims subject to limitations, exclusions and provisions of the plan.

Card Holder/Patient Information This section must be fully completed to ensure proper reimbursement of your claim.	REQUIRED: Please check appropriate box for submitting a paper claim. Claim will be returned if incomplete. (tape receipts or
Card Holder Information	itemized bills on the back)
Identification Number (refer to your prescription card)	Reason I am filing this form is:
	Out of the country
Group Number/Group Name	☐ Pharmacy does not accept insurance
	☐ Compound
Last Name	☐ No insurance coverage at the time
	Other provide reason helew
First Name M	
Address	]
A442	Medication purchased outside of the
Address 2	United States (tape receipts or itemized bills
City.	on the back)
	PLEASE INDICATE:
State ZIP Code Country	Country:
State Zir Code Country	Currency used:
Patient Information—Use a separate claim form for each patient	Other Insurance Information
Last Name	Coordination of Benefits (COB)
	Are any of these medicines being taken for
First Name MI	
	, , ,
Date of Birth Male Female Phone Number	Is the medicine covered under any other group insurance? ☐ YES ☐ NO
	J
Relationship to Primary Member	If YES, is other coverage: □ PRIMARY □ SECONDARY
Member Spouse Child Other	☐ MEDICARE PART D
	If other coverage is PRIMARY, include
Dhawmasu Information	the Explanation of Benefits (EOB) with
Pharmacy Information	this form.
Pharmacy Name	Name of Insurance Company:
	J
Address	7
City State ZIP Code	ID#:

Pharmacy Information Conti	nued				
Phone Number		rsing home pharmacy	? YES	NO	NCPDP/NPI Required
Signature of Pharmacist or Representat	ive (REQUIRED)				
Important! A signature is REG	QUIRED				
	information pertaining t	to such ćlaim may b	e commit	ting a fraudu	im or application containing any materially ent insurance act which is a crime and may
l certify that I (or my eligible dependent) h information entered on this form is true ar		e described herein.	I certify t	hat I have rea	d and understood this form, and that all the
X					
Signature of Plan Member (REQUIRED)					Date
STEP 2 Submission Requi	rements				
You MUST include all original "pharmac supplies. The minimum information that • Patient Name	y" receipts in order for y at must be included on y rescription Number letric Quantity ed to ask your pharmacis	your pharmacy rec	eipts is li  Medicin  Total Chally inform	<b>sted below:</b> e National Dro arge	eipts will ONLY be accepted for diabetes ug Code (NDC) Number
A valid prescribing physician's National P		PI) number is requ	ired, plea	se provide: _	
Prescribing physician's information (all Name:	fields required):				
Address:					
City, State, ZIP Code:					
Phone:					
Additional Comments:					
STED 2 Mail completed 6		- 4			
Mail completed for	orms with receipts	5 (0:			
CVS Caremark P.O. Box 52136 Phoenix, Arizona 85072	·-2136				

## **IMPORTANT REMINDER**—To avoid having to submit a paper claim form:

- Always have your card available at time of purchase.
- Always use pharmacies within your network.
- Use medication from your formulary list.
- If problems are encountered at the pharmacy, call the number on the back of your card.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. which are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Plans.

Plan member privacy is important to us. CVS Caremark® employees are trained regarding the appropriate way to handle members' private health information.

#### **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 <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a> 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	ATENICIÓNI, si la la como se al disense disense i di d
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
<b>h</b> <del>\</del>	beneficios (TTY:800-863-5488).
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. اتصل بفريق دعم
	العملاء على الرقم الموجود على بطاقةً التعريف. (هاتف الصم والبكم: 5488-638-800).
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。
فارسى	توجّع: اگر به زبان فارسی گفتگو میکنید، تسهیلات زبانی بصورت رایگان برای شما فراهم
	می باشد. از طریق شماره تلفن درجشده بر روی گارت شناسایی کمکهزینهٔهای خود ٔ
	(TTY: 800-863-5488) با بَخش پَشتَیبانی مشَتریان 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	સુંયુના: જો તમે ગુજુરાતી બોલના હો, તો નિ:શુલ્ક ભાષા સ્હા્ય સેવાઓ તમારા માટે ઉપલબ્ધ છે. તમારા
	ર્બેનીફિટ 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: (848-863-808).
ខ្មែរ	ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្លួលគឺអាចមានសំរាប់បំរើអ្នក។
- <b>ਜ</b> -	
	សូមទូរស័ព្ទទៅផ្នែកថែទាំអតិថិជនតាមលើខទូរស័ព្ទនៅលើប័ណ្ណ ID អក្ថប្រយោជន៍របស់អ្នក (TTY:800-863-5488)។

- X <del></del>	
ਪੰਜਾਬੀ	ਧਿਆਿਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ਤੁਹਾਡੇ ਬੈਨੀਫਟਿ ID   ਕਾਰਡ ਉੱਪਰ ਦੀਤੇ ਗਏ ਫ਼ੋਨ ਨੰਬਰ ਤੇ ਕਸਟਮਰ ਕੇਅਰ ਨੂੰ ਕਾੱਲ ਕਰੋ (ਟੀ ਟੀ ਵਾਈ: 800-863-5488)।
বাংলা	লক্ষ্য করুলঃ যদি আপুনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা
111/-11	হায়তা পরিষেব্রা উপলব্ধ আছে। কাস্টমার কেয়ারে ফোন করুন আপনার বেনিফিট আইডি কার্ডে দেওয়া
	नश्चत जनुरासी (TTY:800-863-5488).
אידיש	אויפמערקזאם: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, פריי פון אפצאל, אוועילעבל פאר אייך. רופט
	.(TTY: 800-863-5488 ) קארטל ID קארטל איז אויף אייער בענעפיט אויפן טעלעפאן נומער וואס איז אויף אייער בענעפיט
አ <b>ጣ</b> ርኛ	ማስታወሻ: የሚናንሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያባዝዎት ተዘ <i>ጋ</i> ጀተዋል። በጥቅጣጥቅም
	መታወቂያ ካርድዎ ላይ በሚገኘው ስልክ ቁጥር ለደንበኞች አንልግሎት ይደውሉ (መስጣት ለተሳናቸው:- 800-863-5488)።
ภาษาไทย	หมายเหตุ: ถ้าคุณพูดภาษาไทย เรามีบริการให้ความช่วยเหลือด้านทางภาษาให้คุณฟรี
01.12.00.12	ให้โทรหาฝ่ายบริการลูกค้าที่หมายเลขโทรศัพท์ที่ระบุอยู่บนบัตรรหัสผลประโยชน์ของคุณ
	(โทร: 800-863-5488).
Oroomiffa	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni
0100111111	argama. Karaa lakkoosfa bilbila Kunuunsaa Maamiltootaa waraqaa eenyummaa faayidaa kee irratti
	argamu (TTY:800-863-5488) tiin bilbili.
Ilokano	PAKDAAR: Nu saritaem ti Ílocano, 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: ຖ້າວ ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫືອດ້ານ .
	ພາສາ,ໂດຍບໍ່ເສັງຄາ,ແມ່ນມີຜ່ອມໃຫ້ທ່ານ.ກະລຸນາໂທຫາສູນຊ່ວຍເຫຼືອລູກຄ້າຕາມເບີ້ໂທທີ່ລະບຸເທິງບັດປະຈຳ
~4 .	ຕົວຜູ້ຮັບການສົ່ງເຄາະ (TTY:800-863-5488).
Shqip	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.
	Thirrni Kuidesin për Konsumatorët në numrin e telefonit në kartelën tuaj të beneficioneve
G 1	(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
Vzmoïzzoz za	(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 [तपाईको भाषा राखनहोस्] भाषा बोल्नुहन्छ भने तपाईको लागि नि:शुल्क भाषा
VIAICII	सहायता सेवाहरू उपलब्ध छन्। तपाईको बेनिफिट आइडी कार्डमा भएको ग्राहक स्याहारको 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– နမ္နါကတိၤ ကညီကျိဉ် အယိ, နမၤန္နါ ကျိဉ်တါမၤစၢၤတဖဉ်, လၢတလာ်ဘူဉ်လာဂ်စ္၊သူ့နှဉ်လီၤ. ကိုးတါက
	ွန်ထွဲမှာရူးကါတာဖြစ် စဲနီဉိဂ်ာ်လာအအိဉ်လာနတာန္နာ်ဘျူး ID ခႏက္ခအလိုး (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 Majōl	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	ATENŢIE: 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
Tongs	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
Disaya	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.
In milai	Woterefona serivisi y'ubudandaji kuri izi numero za terefone ku nyungu za karangamuntu yawe
	(TTY:800-863-5488).
	1 (222.000 000 0.00).

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
Türkçe	Anda (TTY: 800-863-5488).  DİKKAT: Eğer Türkce konusuvor iseniz, dil vardımı hizmetlerinden ücretsiz olarak vararlanabilirsiniz. Sosval Yardım Kimlik kartınızdaki telefon numarasından Müşteri Hizmetlerini arayın (TTY: 800-863-5488).
کوردی	. ئاگاداری :ئهگهر به زمانی کوردی قهسه دهکهیت، خزمهتگوز اریهکانی یارمهتی زمان، بهخوّر ایی بوّ توّ بهردهسته. پهیوهندی به چاودیّری بهکار بکه له ریّگهی ژمارهی سهر ناسنامهی سوودت (848-863-800).
తెలుగు	శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగుభాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. మీ బెనిపిట్ 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 GVP &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
	အစမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးဝါမည်။ သင့် အကျူးပြုအိုင်ဒက်ဒရှ
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).
Bàsóò-wùdù -po-nyò	Dè dε nìà kε dyédé gbo: Ͻ jǔ ké m̀ [Bàsɔɔ̂-wùdù-po-nyɔ̂] jǔ ní, nìí, à wudu kà kò dò po-poɔ̂ bɛ̂ìn 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).
L	