



**Capital BlueCross**

An Independent Licensee of the Blue Cross and Blue Shield Association

# Generic Rewards Pilot Program Group Opt-In Request Form

If you wish to have your employees included in the Generic Rewards Pilot Program, as described in the attached letter, please complete the information below and return to Capital BlueCross by **August 12, 2009**.

Please print or type clearly

### Group Information

Group Name		Group Number	
Policymaker Name			
Address			
City	State	ZIP Code	
Phone Number			Fax Number
Email Address			

By signing this Opt-In Form the above-listed group agrees to participate in the Generic Rewards Pilot Program with Capital BlueCross whereby the group's identified members who move to generic drugs at mail order will receive either a one-time cash reward card or coinsurance/copayment waiver up to a maximum of \$50.00 per Member. This agreement to participate will become part of the group's Pharmacy Benefits contract with Capital Advantage Insurance Company<sup>®</sup>, effective September 1, 2009.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mail or fax completed form to:

**Capital BlueCross  
Pharmacy Services  
PO Box 773735  
Harrisburg, PA 17177-3735**

**Fax: 717-346-5870**

#### Internal Use Only

Receipt Date: \_\_\_/\_\_\_/\_\_\_

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