

IMPORTANT INFORMATION: YOUR SIGNATURE IS REQUIRED BELOW.

You, the buyer, may cancel this transaction at any time prior to 90 days after the date that we enroll you in the program. Please see the brochure for program details, terms and conditions, including information about your right to cancel. Please be sure to keep a copy of both sides of this form for your records. By signing below, you agree to all terms and conditions of the program and authorize automatic billing to your credit card for all future prescription orders if you choose that option.

Your confidentiality is important to all of us at Medco, and we want you to know how we will use the information we collect in the course of providing prescription services to you. This information is a critical part of operating the program.

From time to time, it may be necessary for us to disclose information to your healthcare professionals in connection with your care. Medco may also use the information to administer or to improve the **Medco Rx Discount Program** or other services that we provide. Also, without identifying you by name or in any other way, we may provide information to other healthcare organizations for purposes of reporting, research, and analysis. Medco will not disclose any individually identifiable information about you for any purpose not connected with the administration of the **Medco Rx Discount Program**.

A family member may include anyone you claim as a dependent on your federal tax return (including your spouse, your children, and any adult dependents). Your dependents may be enrolled in the **Medco Rx Discount Program** as your additional family members. If you are not legally married, you can enroll your domestic partner as an additional family member. For this program, a domestic partner is (1) an unrelated individual, (2) 18 years of age or older, (3) someone who lives at the same address with you, and who is (4) emotionally and financially interdependent with you.

Please note that if any of your additional family members are under 18, a parent or guardian must sign the form on their behalf.

Primary Member Signature: _____ Date: _____

Additional Family Member Signature: _____ Date: _____

Additional Family Member Signature: _____ Date: _____

