



Rewards!

Sign-up and start saving today!



with your
enrolled



\$4 prescriptions on more than 400 select generic medications at commonly prescribed dosages.

Giant Eagle Pharmacy also includes:

- Priority scheduling for flu shots and immunizations at participating locations (based on season and availability)**
- FREE store tour with a focus on nutritional counseling and food education to meet your specific health needs**
- FREE bone density, diabetes and cholesterol screenings (times and dates vary by store)**
- FREE blood pressure testing — every day**

Visit GiantEagle.com for details and participating Pennsylvania locations, or call 1-800-553-2324. Giant Eagle Pharmacy Rewards is NOT INSURANCE and does not provide insurance coverage.



Enrollment Form

This enrollment form will enroll you and household members as listed below. Please print clearly. Incomplete forms cannot be processed. Giant Eagle Pharmacy Rewards is NOT INSURANCE and does not provide insurance coverage. Prescription program is available only with a Giant Eagle Advantage Card® and is only available at participating pharmacies.

SUBSCRIBER INFORMATION

Dependent #00	First Name	MI	Last Name	<input type="checkbox"/> Male	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Allergies (list any)
				<input type="checkbox"/> Female		
	Street Address			City	State	ZIP Code
Phone Number			Email Address			

Giant Eagle Advantage Card Number

4											
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(Use 12 digit number from the back of your card)



ENROLLMENT INFORMATION for Family/Household Members covered in addition to subscriber

Dependent #01	First Name	MI	Last Name	<input type="checkbox"/> Male	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Allergies (list any)
			<input type="checkbox"/> Female			
Dependent #02	First Name	MI	Last Name	<input type="checkbox"/> Male	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Allergies (list any)
			<input type="checkbox"/> Female			
Dependent #03	First Name	MI	Last Name	<input type="checkbox"/> Male	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Allergies (list any)
			<input type="checkbox"/> Female			
Dependent #04	First Name	MI	Last Name	<input type="checkbox"/> Male	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Allergies (list any)
			<input type="checkbox"/> Female			
Dependent #05	First Name	MI	Last Name	<input type="checkbox"/> Male	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Allergies (list any)
			<input type="checkbox"/> Female			

AUTHORIZATION

Subscriber Signature _____ Date _____

AUTHORIZATION UNDER HIPAA ALLOWING GIANT EAGLE TO SEND ME GIANT EAGLE ADVANTAGE CARD AND FUELPERKS! PROMOTIONS

I, _____, desire to receive Giant Eagle Advantage Card and fuelperks! Promotional Materials from Giant Eagle. As required under the HIPAA Privacy regulations, 45 C.F.R. § 164.508, I authorize Giant Eagle to use my health information so that I may participate in the Giant Eagle Advantage Card fuelperks! Promotion. This Authorization is good until December 31, 2008.¹

Signature of Patient or Personal Representative _____ Dated _____

¹ I have the right to revoke this authorization in writing at any time by completing Giant Eagle's Authorization Revocation Form except to the extent Giant Eagle has already used my information to send me Giant Eagle Advantage Card and fuelperks! information. To the extent that any information is disclosed to third parties pursuant to an authorization, I understand that it may be redisclosed. I understand that I have the right to inspect and copy my individually identifiable health information and to refuse to sign this authorization.