

PRESCRIPTION DRUG INFORMATION



Enter your prescription drug information at least 10-14 days prior to your consultation; doing so will shorten the amount of time you spend on the consultation call.

YOUR NAME _____ PHONE _____

In order to construct an accurate cost analysis, we will need your complete and correct drug information. For example, it is important to indicate the name of the drug that you are taking, and whether you are taking a BRAND or GENERIC version. Please note, over-the-counter medications, vitamins, and supplements are not covered by prescription drug plans and therefore are not required on this form.

CURRENT PRESCRIPTIONS, DOSAGES, FREQUENCY AND WHERE/HOW YOU OBTAIN THE MEDICATION

MEDICATION	DOSAGE	FREQUENCY	PHARMACY OR MAIL ORDER
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When you're done, save your changes and email the form back to us at retiree.exchange@mercer.com. Remember, anything you send will be transmitted securely and will never be shared.

Your information will be pre-loaded and available for your Benefits Counselor prior to your consultation.

Please fax, mail, or email this worksheet 10-14 days prior to your scheduled appointment to:



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