



“Give BC Kids the MCV4 Shot”.



www.meningitisbc.org

EXTENDED HEALTH CARE PLAN INFORMATION FORM

PLEASE PRINT CLEARLY

Member Name: **1** _____ (Last Name) _____ (First Name)

Member Address: _____

Member Phone: _____ Child / Student Name: _____

Plan Information (PBC / ESI / ASSURE): **2** _____

Group ID Number or Plan Contract Number: **3** _____

Client ID or Member Certificate Number: **4** _____

Carrier ID or Carrier Code: **5** _____

(Authorizing Signature of Health Care Plan Member)

(Date: dd/mm/yy)

Example of Extended Health Care Card to help you find your information



Personal Information collected on this form will be used and stored by the Overwaitea Pharmacy for the purposes of processing extended health benefits for the MCV4 vaccine - Menveo™ .