



**Sav-Rx Welcomes The LGBT Center as United Furniture Workers Insurance Fund Participants
Effective January 1, 2026**

First Name Last Name Date of Birth

Are you currently utilizing a retail pharmacy? Yes* No If yes, please list the medications below:

Drug Name	Strength	Daily Dose (ex: one per day)	Physician Name	Physician Phone Number

*You are not required to get a new prescription for your retail pharmacy if your Rx has remaining refills. Just show your new ID card on or after January 1, 2026.

Are you currently utilizing a mail order pharmacy? Yes No If yes, please list the medications below:

Drug Name	Strength	Daily Dose (ex: one per day)	Physician Name	Physician Phone

Would you like Sav-Rx to contact your physician to get your mail order started? Yes No

Are you currently utilizing a specialty pharmacy? Yes No If yes, please list the medications below:

Drug Name	Strength	Daily Dose (ex: one per day)	Physician Name	Physician Phone

Would you like Sav-Rx to contact your physician to get your specialty order started? Yes No

We look forward to providing your pharmacy benefit on behalf of **United Furniture Workers Insurance Fund**.

You may return this form to Sav-Rx via Fax 888-810-1394 or via email at infoform@savrx.com . If you would like a phone call or email from a Sav-Rx representative to help you get started, please indicate your phone number and/or email address below.

Phone Number Email Address

Watch your mail for additional information including your Identification Card from BlueCross BlueShield of TN.