Special pricing only at these pharmacies nationwide

Albertsons • Kmart • Target
Osco • Acme • Sav-On • Jewel-Osco

CUSTOMER ASSISTANCE 1-800-309-0008

Not an insurance policy; does not provide insurance coverage

Special pricing only at these pharmacies nationwide

Albertsons • Kmart • Target
Osco • Acme • Sav-On • Jewel-Osco

CUSTOMER ASSISTANCE 1-800-309-0008

Not an insurance policy; does not provide insurance coverage

TO BE COMPLETED BY AGENT:

Employer Group Name, if applicable:	
I. Prior to date above, was this person a current Guarantee Reserve policy owner?	No
2. If NO, did this person purchase a policy in conjunction with enrollment in the Mail Order Prescription Drug Program?	No
Agent Signature:	
Agent Number:	
Lead Card #	

AGENT: Return this form with your weekly paperwork to: Guarantee Reserve Life Insurance Home Office:

530 River Oaks West, Calumet City, IL 60409

ATTENTION: Agency Department

Your discount card is honored exclusively at these participating pharmacies nationwide: Albertsons, Kmart and Target. The Albertsons' network includes Osco, Sav-On, Acme and Jewel-Osco.

Not an insurance policy; does not provide insurance coverage.

The Best Price Guarantee

Your card guarantees you the lowest price possible on every drug you purchase. If a drug is ever "on sale", or a pharmacy's normal price is less than the price for this program, you will always pay the lower of the two prices.

Quality Customer Service Pledge of Performance

You can expect the very best in personalized service. Our knowledgeable and courteous staff is dedicated to answering your questions. We pledge to meet your expectation for excellence.

If you ever have a question about the program, call Customer Assistance. It's a free call. Our representatives are ready and eager to help you.

Call for card activation and Customer Assistance 1-800-309-0008

AKT Prescription Drug Discount Program

Your Prescription for Healthy Living

Prescription Drug Discount Card Program



Sponsored By:



AKT Prescription Drug Discount Program

- DISCOUNT Drug Program
- KEEP with your documents
- Best Price Guarantee: You always pay the lowest price possible.
- Savings can range from 5% to 35%
- Covers all brand name and generic prescription drugs
- No claims to file
- · Covers everyone in your household
- Unlimited use
- Use it at these pharmacies nationwide:
 Albertsons Kmart Target Osco
 Acme Sav-On Jewel-Osco
- Effective immediately.

Save at Participating Pharmacies It's easy to use your card.

- Take your discount card and your prescription to a participating pharmacy.
- Give your prescription card to the pharmacist.
 Within minutes, your prescription will be processed electronically.

For any questions, please call:

I-800-309-0008

See back for more program details

THIS IS YOUR PRESCRIPTION CARD.

PRINT YOUR NAME CLEARLY ON CARD.
YOUR SOCIAL SECURITY NUMBER IS YOUR ID NUMBER.

CALL TO ACTIVATE THE CARD BEFORE USING.

Detach and give to pharmacist with your next prescription or refill.

The Best Price Guarantee

Your card guarantees you the lowest price possible on every drug you purchase. If a drug is ever "on sale", or a pharmacy's normal price is less than the price for this program, you will always pay the lower of the two prices.

ScriptWell

Your Prescription for Healthy Living

Health and Wellness Information

The ScriptWell Resource Institute is an exclusive program for customers. It features:

- Discounts and coupons on prescription and over-the-counter pharmacy products
- Internet links to over 150 organizations that specialize in specific health care conditions and diseases

For more information call ScriptWell at: I-877-INFO-4US (I-877-463-6487)

or visit our website at: www.scriptwell.com

This prescription drug discount card is provided to you as a free, value-added service by your Plan Sponsor. It is not an insurance policy or benefit, and does not provide insurance coverage. By using the card, you acknowledge and agree that ScriptSave may have access to and use your prescription drug data to administer the program. Your Plan Sponsor and ScriptSave reserve the right to modify or discontinue this program at any time and are not responsible for the actions of any participating pharmacy. The program is administered by The Medical Security Card Company dba ScriptSave, of Tucson. AZ.

All Rights Reserved - Form CRS4 - June 2000



Name (Please	Print)				
Soc. Sec. #]][
Address (Pleas	se Print) .			Apt	#_
City			State	Zip	
Phone (Day)	()			
(Evening)	()			

I hereby certify that my enrollment in the Prescription Drug Discount Program is voluntary and that an agent representing Guarantee Reserve Life Insurance Company explained the program to me. Enrollment was offered to me without cost or obligation to purchase a Guarantee Reserve policy now or in the future. I understand that Guarantee Reserve is only a distributor of the discount program, and it can be discontinued without notice at any time. I have received one set of I.D. cards and a brochure describing the prescription d i s c o u n t program.

Signature X ______ Date _____