



# BENECARD®

Carve-out prescription drug benefit programs.

Client's Name (Legal Business Name)	Total Premium Paid by Members	Total Months In Plan Year	Average Monthly Premium Paid by Members	Total Premium Paid by Employers	Total Months In Plan Year	Average Monthly Premium Paid by Employers

/s/

Authorized Individual Providing Information

Today's Date

**PLEASE EMAIL YOUR COMPLETED 2025 FORM D1 TO: [BCSCAA@benecard.com](mailto:BCSCAA@benecard.com)**

Please contact your Benecard Services Client Relations Manager at (609) 219-0400 or via email should you have any questions regarding the above Information.