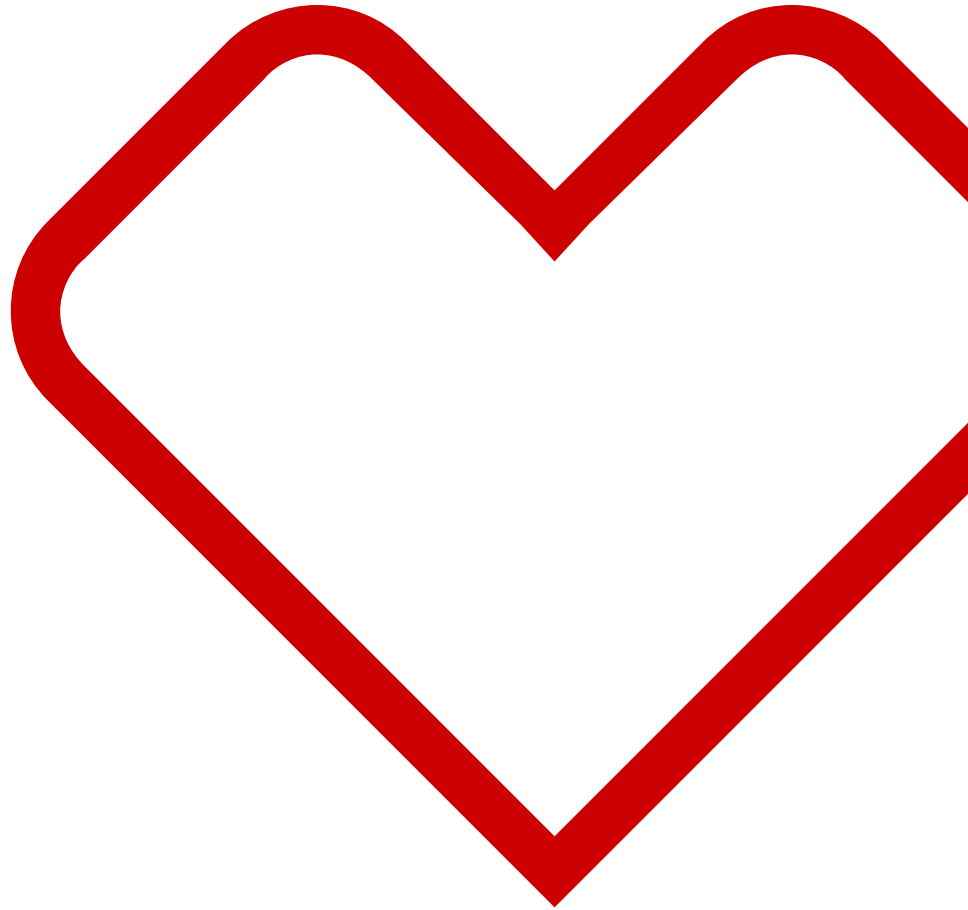


# Caremark.com Registration Process



# Ready To Get Started!

## Register for an Account on Caremark.com

Welcome to Caremark.com, your resource for online prescription benefit management.

This site makes it quick and easy to manage your medication, and find ways to save money on qualified prescriptions.

*Please Note: Most plans require members to be 18 years of age or older to register.\**

**First Name**

**Last Name**

**Date of Birth**

Month  Day  Year

**Street Address** (city and state are not required)

**ZIP Code**

**Gender**

Female  Male

**Are you the primary cardholder?**

Yes  No

**Benefit ID Number** (optional)

*(Include all letters and numbers, no spaces or dashes)*

## Registration on Caremark.com is quick and easy

- First and last name
- Date of birth
- Street address
- Gender
- Cardholder status
- ID number (optional)

# Ready To Get Started!

**Email Address** (this will be your username)

**Confirm Email Address**

**Create Password**

**Confirm Password**

**Security Question 1**

Answers must be 3-40 characters

**Security Question 2**

Answers must be 3-40 characters

**Register**

## Registration (continued)

- Provide email address
- Create password
- Choose and answer challenge questions
- Registered!

# Identity Verification

## Register for an Account on Caremark.com

You are almost done! We just need you to verify your identity by answering the questions below.

### 1. Which cities have you lived?

- Austin
- Chicago
- Los Angeles

### 2. In what state was your Social Security Number issued?

- Wisconsin
- New York
- California

### 3. Which of the following is/was your phone number?

- 123-456-7890
- 098-765-4321
- 111-111-1111

Continue

## Exception:

- If the member does not provide the member ID number in the registration process, for additional security, three additional identity verification questions will be asked.