

Today's Date: \_\_\_\_\_

GROUP: \_\_\_\_\_

# Identification Card Request Form

Administrative Solutions, Inc.

TO: Eligibility Department  
FAX: 559-256-1321  
EMAIL: [eligibility@asibenefits.com](mailto:eligibility@asibenefits.com)

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member ID #	Subscriber First Name	Last Name	# of Cards	To be sent to:
				<input type="checkbox"/> Home Address
				<input type="checkbox"/> Employer _____
<b>Group/Plan Name:</b>	<b>GROUP:</b>			<input type="checkbox"/> Other (Please specify) _____

Member ID #	Subscriber First Name	Last Name	# of Cards	To be sent to:
				<input type="checkbox"/> Home Address
				<input type="checkbox"/> Employer _____
<b>Group/Plan Name:</b>	<b>GROUP:</b>			<input type="checkbox"/> Other (Please specify) _____

Member ID #	Subscriber First Name	Last Name	# of Cards	To be sent to:
				<input type="checkbox"/> Home Address
				<input type="checkbox"/> Employer _____
<b>Group/Plan Name:</b>	<b>GROUP:</b>			<input type="checkbox"/> Other (Please specify) _____