

Express Access[®] Enrollment Form

Yes! Enroll me in the Express Access prescription drug discount benefit.

Thrivent ID _____
(IF YOU KNOW IT)

Name _____
(PLEASE PRINT)

Home address _____

If the above is a new address, please provide your previous address on the line below.

Birth Date ____ / ____ / ____

Yes! Please have my Thrivent Financial representative contact me at:

Home phone number () _____

The best time to call is _____ a.m. p.m.

REQUIRED

Your signature _____

Today's date _____



Below, print the names of additional family members who reside within your household or for whom you are financially responsible. Although their names will not appear on the card, they will be eligible to receive the discount. However, please review the guidelines to determine whether Express Access[®] will benefit each of them before listing them below.

Name _____
FIRST LAST

Birth Date ____ / ____ / ____ Gender _____

Name _____
FIRST LAST

Birth Date ____ / ____ / ____ Gender _____

Name _____
FIRST LAST

Birth Date ____ / ____ / ____ Gender _____

Sign and mail this form to:

Thrivent Financial for Lutherans
Customer Response Center
4321 N. Ballard Road
Appleton, WI 54919-0001

