# F S Re b e e F

F C
**MUST**

**Plan subscriber information:**

A

C

**Fill in the information below for each person who received a flu shot, including yourself. Attach additional forms if needed.**

D

D

C

D

F

**Member signature:**

**Mail this form and a copy of your flu shot receipt(s) to:**

A
C
B
A

C
C

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C HEAL PLAN