



## No Cost Hearing Benefit and Prescription Discount Card

I would like to sponsor my family and friends to receive these no cost benefits on my behalf.

Sponsor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## No Cost Hearing Benefit Card

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

## No Cost Prescription Card

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____