Medical & Dental Card Request Form

Employee's Name: _____ ID # _____

Number of Cards: Medical _____ Dental _____

Was the card stolen or lost? ___YES ___NO
(If the card was stolen/lost, TLC will assign you a new ID#)

Enclosed Money Order/ Check Amount: _____
($5 per card set; First replacement/additional set is FREE)

Only money orders or checks please. No cash.
Submit this form and the payment to:
TLC Benefit Solutions, Inc., P.O. Box 947, Valdosta, GA 31603

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