

WORK OPTIONS GROUP



Registration Form

All fields are required. Please Print. There is no obligation to use our services after registration.

EMPLOYER NAME: Caremark

EMPLOYEE NAME:

JOB TITLE:

HOME Information	
STREET ADDRESS:	
CITY:	
STATE:	ZIP CODE:
PHONE (WITH AREA CODE): ()	

WORK Information	
STREET ADDRESS:	
CITY:	
STATE:	ZIP CODE:
PHONE (WITH AREA CODE): ()	

Other Contact or Spouse	
NAME:	PHONE (WITH AREA CODE): ()

Primary Email Address: Note: Email will be the primary method of communication from Work Options Group
EMAIL:

Mail To: WORK OPTIONS GROUP
1100 South McCaslin Blvd.
Suite 200
Superior, CO 80027

Fax To: 303.604.0535

For more information about the services available to you, visit us online at
www.WorkOptionsGroup.com or call toll-free at **1.800.557.0847**.