



**Did you elect the Limited Plan and have not received an ID card yet?**

**OR**

**Did you leave your ID card at home?**

**THIS FORM IS FOR MEMBER IDENTIFICATION PURPOSES ONLY.**

The person named below is covered under the **O'REILLY AUTO PARTS LIMITED PLAN**, administered by Allegiance Benefit Plan Management, Inc. Please utilize the information shown below when billing for medical services.

**Medical Benefits:** For claims billing, identify the group and employee ID number (SSN if employee ID is not known) on the claim and submit to the following Cigna address:

**Cigna  
1000 Great-West Drive  
Kennett, MO 63857-3749  
Electronic Payer ID: 62308**

For Medical Claims assistance, please call Customer Service at 1-855-999-0292.

**Prescription Benefits** are processed through Cigna Pharmacy Management. For assistance with Pharmacy claims and online processing please call 1-800-244-6224.

**Providers:** To receive a Verification of Benefits for this member, go to [www.askallegiance.com/oreilly](http://www.askallegiance.com/oreilly). Click on the "Verification of Benefits" option and follow the prompts. You do not need a login to receive a Verification of Benefits.

MEDICAL GROUP NUMBER: 2001050

MEMBER NAME (please print): \_\_\_\_\_

MEMBER NAME (please sign): \_\_\_\_\_

EMPLOYEE ID NUMBER\* or SSN: \_\_\_\_\_

*\*To retrieve your ID number, go to [www.askallegiance.com/oreilly](http://www.askallegiance.com/oreilly). Click on "Verification of Benefits" and follow the prompts without login.*

**THIS FORM IS VALID UNTIL RECEIPT OF THE PERMANENT HEALTH PLAN  
IDENTIFICATION CARD – THIS FORM IS NOT A GUARANTEE OF BENEFITS**