

2020 OVER-THE-COUNTER (OTC) PRODUCT

ORDER FORM

STEP 1 - COMPLETE YOUR INFORMATION BELOW						
Member ID (found on plan member ID card)	Date of Birth					
First Name	Last Name and Suffix	MI				
Street Number Street Name	Apt/S	Suite #				
City	State Zip Code					
Daytime Phone Email	(Optional) Please check box if this is a new	address				
STEP 2 - PRODUCT SELECTION						
3121 2 1 N33331 32223 N3N						
	are not accepted under this OTC benefit.					
Cash, checks, credit cards or money orders a		OTAL				
Cash, checks, credit cards or money orders a	Quantity Unit Price T	OTAL				
Cash, checks, credit cards or money orders a		OTAL				
Cash, checks, credit cards or money orders a	Quantity Unit Price T	**************************************				
Cash, checks, credit cards or money orders a Item # Product 1	Quantity Unit Price T	OTAL				
Cash, checks, credit cards or money orders a Item # Product 2	Quantity Unit Price T	**************************************				
Cash, checks, credit cards or money orders a Item # Product 2	Quantity Unit Price T	**************************************				
Cash, checks, credit cards or money orders a Item # Product 2	Quantity Unit Price T \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	**TOTAL				
Cash, checks, credit cards or money orders a Item # Product 2	Quantity Unit Price T \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	OTAL				
Cash, checks, credit cards or money orders a Item # Product 2	Quantity Unit Price T \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	OTAL				

Please mail this completed form to the following address: OTC Servicing Center, PO Box 526266, Miami, FL 33152-9819

To order additional products, please see reverse. Please mail the completed form back in the postage-paid envelope provided.

If you place your order using an order form, your order total will be applied to the quarter in which we receive your form. For example, if you mail your order form on June 29, but we receive it on July 1, your order total will be applied to your July benefit, not your June benefit.

STEP 2 - PRODUCT SELECTION (Continued)

Cash, checks, credit cards or money orders are not accepted under this OTC benefit.

Item #	Product	Quantity	Unit Price	TOTAL
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$
11			\$	\$.
12			\$	\$.
13			\$	\$.
14			\$	\$.
15			\$	\$
16			\$	\$
17			\$	\$.
18			\$	\$
19			\$	\$
20			\$	\$
			Subtotal	\$

Please mail the completed form back in the postage-paid envelope provided.

If you place your order using an order form, your order total will be applied to the quarter in which we receive your form. For example, if you mail your order form on June 29th, but we receive it on July 1st, your order total will be applied to your July - September quarterly benefit not your April - June benefit.