

**STEP 1 - COMPLETE YOUR INFORMATION BELOW**

Member ID (found on Health ID card)      Date of Birth  
□□□□□□□□□□ – □□      □□ / □□ / □□□□

First Name      Last Name      MI  
□□□□□□□□□□□□      □□□□□□□□□□□□□□      □

Street Number      Street Name      Apt/Suite #  
□□□□□□      □□□□□□□□□□□□□□□□□□□□□□□□      □□□□□□

City      State      Zip Code  
□□□□□□□□□□□□□□□□□□      □□      □□□□□□ – □□□□

Daytime Phone      Email (Optional)      Please check box if this is a new address   
□□□□ – □□□□ – □□□□      □□□□□□□□□□□□□□□□      @□□□□□□□□□□.com

**STEP 2 - PRODUCT SELECTION**

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

Item #	Product Name	Quantity	Price
1	□□□□□	_____	_____
2	□□□□□	_____	_____
3	□□□□□	_____	_____
4	□□□□□	_____	_____
5	□□□□□	_____	_____
6	□□□□□	_____	_____
7	□□□□□	_____	_____
8	□□□□□	_____	_____

**Total Order \$** \_\_\_\_\_

**Please mail this completed form to the following address: OTC Servicing Center, 1200 Townline Rd., Mundelein, IL, 60060**

If you place your order using an order form, your order total will be applied to the month 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 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 Name	Quantity	Price
9	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	<input type="text"/>	<input type="text"/>	<input type="text"/>
19	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	<input type="text"/>	<input type="text"/>	<input type="text"/>
21	<input type="text"/>	<input type="text"/>	<input type="text"/>
22	<input type="text"/>	<input type="text"/>	<input type="text"/>
23	<input type="text"/>	<input type="text"/>	<input type="text"/>
24	<input type="text"/>	<input type="text"/>	<input type="text"/>
25	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Subtotal \$** \_\_\_\_\_

***Please mail this completed form to the following address:  
OTC Servicing Center, PO Box 267067, Weston, FL 33326-9895***

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 (or third quarter) benefit, not your June (or second quarter) benefit.