



2018 OVER-THE-COUNTER (OTC) BENEFIT
ORDER FORM

STEP 1 - COMPLETE YOUR INFORMATION BELOW

Member ID (found on Health ID card) Date of Birth
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First Name Last Name MI
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Street Number Street Name Apt/Suite #
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City State Zip Code
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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, 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.

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 \$ _____

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