

2020 OVER-THE-COUNTER (OTC) PRODUCT

Total Order \$

ORDER FORM

| STEP 1 - COMPLETE YOUR INFORMATION BELOW | | | | | | | | |
|---|-----------------------------|-----|--|--|--|--|--|--|
| Member ID (found on plan member ID card) Date Date | te of Birth | | | | | | | |
| First Name L | ast Name and Suffix | MI | | | | | | |
| | | | | | | | | |
| Street Number Street Name | Apt/Suite | e # | | | | | | |
| | | | | | | | | |
| City | State Zip Code | | | | | | | |
| | | | | | | | | |
| Daytime Phone Email (Optional) Please check box if this is a new address | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| STEP 2 - PRODUCT SELECTION | | | | | | | | |
| Cash, checks, credit cards or money orders are not accepted under this OTC benefit. | | | | | | | | |
| Item # Product | Quantity Unit Price TOT | AL | | | | | | |
| 1 | _ \$ \$ | | | | | | | |
| 2 | _ \$ \$ | | | | | | | |
| 3 | _ \$ | | | | | | | |
| 4 | _ \$ \$ | | | | | | | |
| 5 | _ \$ \$ | | | | | | | |
| | Subtotal from Other Side \$ | | | | | | | |

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 month 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 | |

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