



OVER-THE-COUNTER (OTC) BENEFIT ORDER FORM

STEP 1 - COMPLETE YOUR INFORMATION BELOW

Member ID (found on plan member 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

STEP 2 - PRODUCT SELECTION

Cash, checks, credit cards or money orders are not accepted under this Over-the-Counter (OTC) benefit.

Item #	Product Description	Quantity	Unit Price	TOTAL
1	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
2	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
3	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
4	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
5	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>

Use the other side to order more products.

Subtotal from Other Side \$.

Total Order \$.

Please mail this completed form in the postage-paid envelope to:

OTC Servicing Center, PO Box 526266, Miami, FL 33152-9819

Your order total will be applied to the month in which we receive your form. For example, you mail your order form on June 29th. However, we receive it on July 1st. Your order total will be applied to your July benefit. It will not apply to your June benefit.

STEP 2 - PRODUCT SELECTION (Continued)

Cash, checks, credit cards or money orders are not accepted under this Over-the-Counter (OTC) benefit.

Item #	Product Description	Quantity	Unit Price	TOTAL
6	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
7	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
8	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
9	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
10	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
11	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
12	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
13	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
14	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
15	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
16	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
17	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
18	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
19	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
20	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>

Please add Subtotal to the other side.

Subtotal \$.

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