

2022 Advantage Dollars **Order Form**

Step 1 - Complete your information below

Advantage Dollars card number	Date of birth	
First name	Last name and suffix	
Street address	Apt/Suite #	
City	State ZIP code	
Daytime phone	Email (optional)	

Step 2 - Product selection

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\$	\$
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\$	\$
\$	\$
\$	\$

If your total order amount exceeds your current available benefit allowance, please include your credit card information in Step 3 to pay the remaining amount due.

Note: If your total order amount is less than your current available benefit allowance, you don't need to include additional payment information.

Total	\$.	
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\$

Sales tax (6% MI sales tax) \$

Total amount due \$

Amount exceeding allowance balance (if applicable)

Step 3 - Payment information (if applicable)			
You can pay any balance beyond your Advantage Dollars by cr in full may cause a delay in receiving your order and cancellatic			
To pay by credit or debit card, please fill out the following infor	rmation:		
Credit or debit card #			
Expiration date (MM/YY)	Security code (CVV)		
Cardholder first name Cardhold	Cardholder last name		
Cardholder signature			
Step 4 - Mail completed form			
Send completed order form with payment (if applicable) to:	OTC Servicing Center P.O. Box 526266 Miami, FL 33152-9819		

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

For questions call . . .

Convey at 1-855-856-7878 from 8 a.m. to 11 p.m. Eastern time, Monday through Friday. TTY users call 711

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