

STEP 1 – Complete Your Personal Informa

Member ID (found on member ID card)

Date of Birth (MM/DD/YY)

First Name

Last Name

Street #

Street Name

Apt/Suite #

City

State

ZIP Code

Phone

Email

STEP 2 – Make Your Pr

| ITEM # | DESCRIPTION | PRICE | QTY | TOTAL |
|--------|-------------|----------|-------|----------|
| 1. | _____ | \$ _____ | _____ | \$ _____ |
| 2. | _____ | \$ _____ | _____ | \$ _____ |
| 3. | _____ | \$ _____ | _____ | \$ _____ |
| 4. | _____ | \$ _____ | _____ | \$ _____ |
| 5. | _____ | \$ _____ | _____ | \$ _____ |
| 6. | _____ | \$ _____ | _____ | \$ _____ |
| 7. | _____ | \$ _____ | _____ | \$ _____ |
| 8. | _____ | \$ _____ | _____ | \$ _____ |
| 9. | _____ | \$ _____ | _____ | \$ _____ |
| 10. | _____ | \$ _____ | _____ | \$ _____ |
| 11. | _____ | \$ _____ | _____ | \$ _____ |
| 12. | _____ | \$ _____ | _____ | \$ _____ |
| 13. | _____ | \$ _____ | _____ | \$ _____ |
| 14 | | \$ _____ | _____ | \$ _____ |

Total Order Amount \$ _____
Benefit Allowance \$ _____
Total Remaining Amount Due \$ _____

If your total order amount exceeds your current available benefit allowance, please include a check with the order form or your credit card information to pay the remaining amount due.

NOTE: Failure to submit payment in full may cause a delay in receiving your order and/or cancellation of some items. If your total order amount is less than your current available benefit allowance, you DO NOT need to submit payment information.

Step 3 only applies if you exceed your benefit allowance.

STEP 3 – Fill Out Payment Information (Benefit Allowance)

To pay by check, please make your check payable to Nations OTC and include it with your order form.

To pay by credit or debit card, please provide the following information:

| | | |
|------------------------------|--------------------------------|----------------------------|
| Credit/Debit Card # | Expiration Date (MM/YY) | Security Code (CVV) |
| _____ | _____ | _____ |
| Cardholder First Name | Cardholder Last Name | |
| _____ | _____ | |

Cardholder Signature

STEP 4 – Mail Completed Form

Send the completed order form along with payment (if applicable) to:

Nations OTC
8050 SW 10th Street, Suite 4200
Plantation, FL 33324

If you have any questions or need assistance placing your order, please call Nations OTC at **1-877-241-8606** (TTY:711). Member Experience Advisors are available Monday-Friday, between 8 a.m. and 8 p.m. EST. Language support services are available if needed.