



STEP 1 - COMPLETE YOUR INFORMATION BELOW

Member ID (found on Health ID card):		Date of Birth:	
First Name:		Last Name:	
Address:			Apt. #:
City:		State:	Zip Code:
Phone:	Email (optional):		

STEP 2 - PRODUCT SELECTION

Cash, checks, credit cards or money orders are not accepted under this bathroom safety devices benefit.

	ITEM #	PRODUCT NAME	QUANTITY
1			
2			

Mail this completed form to the following address:

Medline
Attn: OTC Servicing Center
One Medline Place
Mundelein, IL, 60060-9806