



2021 OVER-THE-COUNTER (OTC) PRODUCT ORDER FORM

STEP 1 - COMPLETE YOUR INFORMATION BELOW

Member ID (found on plan member ID card)

Date of Birth

First Name

Last Name and Suffix

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 OTC benefit.

Item #	Product	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"/>
			Subtotal from Other Side \$	<input type="text"/> . <input type="text"/>
			Total Order \$	<input type="text"/> . <input type="text"/>

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	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
7	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
8	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
9	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
10	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
11	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
12	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
13	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
14	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
15	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
16	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
17	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
18	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
19	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
20	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
Subtotal				\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>

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