

## **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 (C	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		\$_		\$
2		<b>\$</b>		\$
3		\$		\$
4		<b>\$</b>		\$
5		\$		\$
		Subtotal f	rom Other Side	\$
			Total Order	\$

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 29th, but we receive it on July 1st, your order total will be applied to your July benefit, not your June benefit.

Item #	Product	Quantity	Unit Price	TOTAL
6		\$		\$
7		\$		\$
8		\$		\$
9		\$		\$
10		\$		\$
11		\$		\$
12		\$		\$
13		\$		\$
14		\$		\$
15		\$		\$
16		\$		\$
17		\$		\$
18		\$		\$
19		\$		\$
20		\$		\$
			Subtotal	\$

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