



STEP 1 - COMPLETE YOUR INFORMATION BELOW

Member ID (found on plan member ID card)

Grid for Member ID

Date of Birth

Grid for Date of Birth

First Name

Grid for First Name

Last Name and Suffix

Grid for Last Name and Suffix

MI

Grid for MI

Street Number

Grid for Street Number

Street Name

Grid for Street Name

Apt/Suite #

Grid for Apt/Suite #

City

Grid for City

State

Grid for State

Zip Code

Grid for Zip Code

Daytime Phone

Grid for Daytime Phone

Email (Optional)

Grid for Email

Please check box if this is a new address

Grid for @ symbol and domain

Cash, checks, credit cards, or money orders are not accepted under this OTC benefit.

Table with columns: Item #, Product, Quantity, Unit Price, TOTAL. Contains 5 rows for product entry.

Please mail this completed form to the following address: OTC Servicing Center, PO Box 526266 Miami, FL 33152-9819

Subtotal from Other Side \$ [grid] Total Order \$ [grid]

To order additional products, please see other side. 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 quarter in which we receive your form. Please allow up to 10 business days prior to the end of the quarter for your mail order to be processed. Unused allowance does not rollover.

## 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"/>
<b>Subtotal</b>				\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>

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