



**STEP 2 - Make Your Product Selection**

| ITEM#                    | DESCRIPTION | PRICE | QUANTITY | TOTAL    |
|--------------------------|-------------|-------|----------|----------|
| _____                    | _____       | _____ | _____    | \$ _____ |
| _____                    | _____       | _____ | _____    | \$ _____ |
| _____                    | _____       | _____ | _____    | \$ _____ |
| _____                    | _____       | _____ | _____    | \$ _____ |
| _____                    | _____       | _____ | _____    | \$ _____ |
| Total Order Amount ..... |             |       |          | \$ _____ |

**NOTE:** If the total amount exceeds your benefit allowance, a Member Experience Advisor will call you to collect payment before your order can be processed.

**STEP 3 - Mail Completed Form**

Send the completed order form using the postage-paid envelope to:

**NationsOTC**  
**1801 NW 66<sup>th</sup> Avenue, Suite 100**  
**Plantation, FL 33313**

If you have any questions or need assistance placing your order, please call NationsOTC at 877-484-7977 (TTY: 711). Member Experience Advisors are available 24 hours a day, 7 days per week, 365 days per year. Language support services are available if needed.

I understand that the phone numbers and/or emails I provided on this form may be used by NationsOTC or any of its contracted parties to contact me about my account, my health benefit plan or related programs, or services provided to me.

**IMPORTANT:** Please mail your order form no later than the 20th of the month to ensure your order total is applied to the current benefit period. If you need your order sooner, please go online or call.