2026 Over-the-Counter (OTC) Product



ORDER FORM

STEP 1 - COMPLETE TOUR INFORMATION BELOW						
OTC Card Number						
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						
Email* (Optional) Daytime Phone *By providing your email address/mobile phone number us, you consent that we may send communication to via email/text. Mobile service provider's message and data rates may apply. Mobile Phone* (Optional)	yου					
STEP 2 - PAYMENT INFORMATION (if applicable)						
For orders that exceed your benefit amount, you may use Mastercard, Visa, Discover or American Express to pay the difference or purchase additional items. Credit or Debit Card # Expiration Date (MM/YY)	_					
Cardholder First Name Cardholder Last Name						

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

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.

STEP 3 - PRODUCT SELECTION

	Item #	Product	Quantity	Unit Price	TOTAL
1.			\$		\$
2.			\$		\$
3.			\$		\$
4.			\$		\$
5.			\$		\$
6.			\$		\$
7.			\$		\$
8.			\$		\$.
9.			\$		\$
10.			\$		\$
11.			\$		\$.
12.			\$		\$.
13.			\$		\$
14.			-		\$
15.			-	•	\$
			_		Y
				Sale Tax	\$.
				Total	\$

Items ordered as part of this benefit may be subject to sales tax. If applicable, sales tax will be applied and paid for from your benefit provided by your plan. A representative may contact you in the event there are questions on this form.

Please mail the completed form back in the postage-paid envelope provided.

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