

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.				\$.	\$.

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.

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.