## 2023 Over-the-Counter (OTC) product

## **ORDER FORM**



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

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

## **STEP 3 - PRODUCT SELECTION**

Item #	Product	Quantity	Unit Price	TOTAL
4			\$	\$
5			\$	\$
6			\$	\$
7			\$	\$
8			\$	\$
9			<b>\$</b>	\$
10			<b>\$</b>	\$
11			\$	\$
12			\$	\$
13			\$	\$
14			\$	\$
15			\$	\$ .
16			\$	\$
17			\$	\$
18			\$	\$
			Total	\$

A new order form will be provided with your shipment and additional forms can be printed at KCAOTC.com.

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