



Benefit Card Number

[illegible]

Member ID

[illegible]

Date of Birth (mm/dd/yy)

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First Name

[illegible]

Last Name and Suffix

[illegible]

MI

7

Street Number

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Street Name

[illegible]

Apt/Suite #

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City

[illegible]

State

--	--

Zip Code

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Email* (Optional)

											@								
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Daytime Phone

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*By providing your email address/mobile phone number to us, you consent that we may send communication to you via email/text. Mobile service provider's message and data rates may apply.

Mobile Phone* (Optional)

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For orders that exceed your benefit amount, you may use MasterCard, Visa, Discover or American Express to pay the difference or purchase additional items. Sales tax for these items will apply.

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 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
3	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
4	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
5	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
6	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
7	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
8	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
9	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
10	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
11	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
12	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
13	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
14	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
15	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
16	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
17	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
18	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
Sale Tax				\$ <input type="text"/> . <input type="text"/>
Total				\$ <input type="text"/> . <input type="text"/>

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.

State Tax Rates

The state tax rates listed below include the local and municipal tax rates, if applicable. These rates are provided as a guide to help place your OTC order using this order form. Tax rates may vary and we may need to contact you directly if there is any question related to this order form. Final order total, to include applicable sales tax will be included in your order packing slip.

State	Combined Rate
Alaska	7.85%
Alabama	12.50%
Arkansas	12.63%
Arizona	12.90%
California	10.75%
Colorado	11.20%
Connecticut	6.35%
D.C.	6.00%
Delaware	0.00%
Florida	7.50%
Georgia	8.90%
Hawaii	4.50%
Iowa	7.00%
Idaho	9.00%
Illinois	11.50%
Indiana	7.00%
Kansas	11.60%
Kentucky	6.00%
Louisiana	12.95%
Massachusetts	6.25%
Maryland	6.00%
Maine	5.50%
Michigan	6.00%
Minnesota	8.88%
Missouri	11.99%

State	Combined Rate
Mississippi	8.00%
Montana	0.00%
North Carolina	7.50%
North Dakota	8.50%
Nebraska	8.00%
New Hampshire	0.00%
New Jersey	8.63%
New Mexico	9.44%
Nevada	8.38%
New York	8.88%
Ohio	8.50%
Oklahoma	11.50%
Oregon	0.00%
Pennsylvania	8.00%
Rhode Island	7.00%
South Carolina	9.00%
South Dakota	7.50%
Tennessee	9.75%
Texas	8.25%
Utah	9.05%
Virginia	7.00%
Vermont	7.00%
Washington	10.50%
Wisconsin	6.75%
West Virginia	7.00%
Wyoming	8.00%