

ORDER FORM**STEP 1 - COMPLETE YOUR INFORMATION BELOW**UPMC *for Life* Flex Spend Card orUPMC *for Life* Complete Care (HMO SNP) Shop Healthy Card

CVV

Expiration Date

Member ID

First Name

Last Name and Suffix

MI

Street Number

Street Name

Apt/Suite #

City

State

Zip Code

Email* (Optional)

@

Daytime Phone

Mobile Phone* (Optional)

*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.

STEP 2 - PRODUCT SELECTION

Item #	Product	Quantity	Unit Price	TOTAL
1	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Subtotal from Other Side				\$ <input type="text"/>
Sales Tax				\$ <input type="text"/>
Total Order				\$ <input type="text"/>

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 need help or have questions, a team of experts is standing by at 1-800-688-2515 (TTY: 711) Monday through Friday from 8 a.m. to 11 p.m.

STEP 2 - PRODUCT SELECTION (Continued)

Item #	Product	Quantity	Unit Price	TOTAL
3	<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"/>
5	<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"/>
7	<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"/>
9	<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"/>
11	<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"/>
13	<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"/>
15	<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"/>
17	<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"/>
			Subtotal	\$ <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.

A new order form will be provided with your shipment.

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

If you need help or have questions, a team of experts is standing by at 1-800-688-2515 (TTY: 711) Monday through Friday from 8 a.m. to 11 p.m.

UPMC for Life is a product of and operated by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Benefits Inc., and UPMC Health Coverage Inc.