

OVER-THE-COUNTER (OTC) BENEFIT ORDER FORM

STEP 1 - COMPLETE YOUR INFORMATION BELOW

Cigna Healthy Today Card Number	Date of Birth
First Name	Last Name MI
Street Number Street Name	Apt/Suite #
City	State Zip Code Image:
	Please check box if this is a new address
Email* (optional)	
	@
	*By providing your email address or mobile phone number, you consent that we may send your OTC order/shipment

Mobile Phone* (optional)

*By providing your email address or mobile phone number, you consent that we may send your OTC order/shipment communications to you via email or text. Mobile service provider messaging and data rates may apply.

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. Applicable sales tax will be applied to your credit card orders.

Credit or Debit Card #	
Expiration Date (MM/YY)	_Security Code (CW)
Cardholder First Name	
Cardholder Last Name	

STEP 3 - PRODUCT SELECTION

	ltem #	Product Name	Quantity	Unit Price	TOTAL
1			\$		\$
2			\$		\$
3			\$		\$
4			\$		\$
5			\$		\$
6			\$		\$
7			\$		\$
8			\$		\$
9			\$		\$
10			\$		\$
11			· · _		\$ _
12					\$
13			\$		\$
14					\$
15			\$		\$ \$
16			\$		\$
			Υ	Total Order	

Please mail this completed form in the postage-paid envelope to: OTC Servicing Center, PO Box 526266, Miami, FL 33152-9819

Please note: This benefit applies to a specified quarterly amount and does not carry over to the next quarter or the following year. 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 and we receive it on July 1, your order total will be applied to your July benefit, not your June benefit. Additional forms can also be printed at **CignaHealthyToday.com**.

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