

ORDER FORM**STEP 1 - COMPLETE YOUR INFORMATION BELOW**

UPMC for Life Flex Spend Card or

UPMC 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.