

**STEP 1 - Complete Your Personal Information**

OTC Benefit Card # _____		Date of Birth (MM/DD/YY) _____	
First Name _____		Last Name _____	
Street # _____	Street Name _____	Apt/Suite # _____	
City _____		State _____	ZIP Code _____
Phone _____		Email _____	

**STEP 2 - Make Your Product Selection**

ITEM#	DESCRIPTION	PRICE	QUANTITY	TOTAL
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Total Order Amount ..... \$ \_\_\_\_\_  
 Benefit Amount ..... \$ \_\_\_\_\_  
 Amount Due ..... \$ \_\_\_\_\_

If your total amount due exceeds your current available benefit amount, please include a check with the order form or fill out your credit card information below to pay the remaining amount due.

**NOTE:** Failure to submit payment in full may cause a delay in receiving your order and/or cancellation of some items. If your total order amount is less than your current available benefit amount, you **DO NOT** need to include additional payment information.

**STEP 3 - Fill Out Payment Information (if applicable)**

To pay by check, please make your check payable to NationsOTC and include it with your order form. To pay by credit or debit card, please fill out the following information:

Credit/Debit Card # \_\_\_\_\_ Expiration Date (MM/YY) \_\_\_\_\_ Security Code (CVV) \_\_\_\_\_

Cardholder First Name \_\_\_\_\_ Cardholder Last Name \_\_\_\_\_

Cardholder Signature

**STEP 4 – Mail Completed Form**

Send the completed order form along with payment (if applicable), using the postage-paid envelope to:

**NationsOTC**  
**8930 West State Rd. 84**  
**Suite 187**  
**Davie, FL 33324**

If you have any questions or need assistance placing your order, please call NationsOTC at **833-SHOP-OTC (833-746-7682) TTY: 711**. Member Experience Advisors are available Monday-Friday, 8:00 a.m.-8:00 p.m. ET. Language support services are available if needed.

I understand that the phone numbers and/or emails I provided on this form may be used by NationsOTC or any of its contracted parties to contact me about my account, my health benefit plan or related programs, or services provided to me.