

2022 OVER-THE-COUNTER (OTC) PRODUCT

ORDER FORM

STEP 1 - COMPLETE YOUR INFORMATION BELOW						
Member ID (found on plan member ID	card) Date of Birth					
First Name	Last Name MI					
Street Number Street Name	Apt/Suite #					
City	State Zip Code					
Daytime Phone	Email* (Optional) Please check box if this is a new address					
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						
Cash, checks, credit cards or money	orders are not accepted under this OTC benefit.					
Cash, checks, credit cards or money Item # Product	orders are not accepted under this OTC benefit. Quantity Unit Price TOTAL					
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•	Quantity Unit Price TOTAL					
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•	Quantity Unit Price TOTAL \$					
•	Quantity Unit Price TOTAL \$					
•	Quantity Unit Price TOTAL \$					
Item # Product	Quantity Unit Price TOTAL \$					
Item # Product	Quantity Unit Price TOTAL \$. \$ \$. \$ \$. \$ \$. \$ \$. \$ \$. .					

To order additional products, please see other side. Please mail the completed form back in the postage-paid envelope provided.

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 29th, but we receive it on July 1st, your order total will be applied to your July benefit, not your June benefit.

STEP 2 - PRODUCT SELECTION (Continued)

Cash, checks, credit cards or money orders are not accepted under this OTC benefit.

Item #	Product	Quantity	Unit Price	TOTAL
6		\$[\$
7		\$[\$
8		\$[\$
9		\$[\$
10		\$[\$
11		\$[\$
12		\$[\$
13		\$[\$.
14		\$[\$
15		\$[\$
16		\$[\$
17		\$[\$
18		\$		\$.
19		\$		\$.
20		\$[\$
		5	Subtotal \$],

A new order form will be provided with your shipment and additional forms can be printed at **www.caloptima.org/OneCareConnectOTC**. Please mail the completed form back in the postage-paid envelope provided