



## Healthy Extras Card

[illegible]

Date of Birth (mm/dd/yy)

[illegible]

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Last Name and Suffix

[illegible][illegible]

M

Street Name

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[illegible]

Apt/Suite #

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State

[illegible]

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Zip Code

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\*By providing your email address/mobile phone number to us, you consent that we may send communications to you via email/text. Mobile service provider's message and data rates may apply.

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For orders that exceed your benefit amount, you may use MasterCard, Visa, Discover or American Express to pay the difference or purchase additional items. Sales tax for these items will apply.

**Credit or Debit Card #** \_\_\_\_\_

**Expiration Date (MM/YY)** \_\_\_\_\_

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

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



### STEP 3 - PRODUCT SELECTION

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"/>
Sale Tax				\$ <input type="text"/>
Total				\$ <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.*

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

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.

