



2019 OVER-THE-COUNTER (OTC) BENEFIT  
**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

**STEP 2 - PRODUCT SELECTION**

Cash, checks, credit cards or money orders are not accepted under this Over-the-Counter (OTC) benefit.

Item #	Product Description	Quantity	Unit Price	TOTAL
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <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"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <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"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
5 <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
			Subtotal from Other Side \$	<input type="text"/> . <input type="text"/>
			Total Order \$	<input type="text"/> . <input type="text"/>

Please mail this completed form to the following address:  
 OTC Servicing Center, PO Box 267067, Weston, FL 33326-9895

*To order additional products, please see reverse. 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.

## STEP 2 - PRODUCT SELECTION (Continued)

Cash, checks, credit cards or money orders are not accepted under this Over-the-Counter (OTC) benefit.

Item #	Product Description	Quantity	Unit Price	TOTAL
6	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
7	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
8	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
9	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
10	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
11	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
12	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
13	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
14	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
15	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
16	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
17	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
18	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
19	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>
20	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>	\$ <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>

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**Subtotal** \$ .

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-668-3813 (TTY 711), 8 a.m. – 8 p.m. Monday – Friday and 8 a.m. – 6 p.m. on Saturday. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-668-3813. 注意：如果您使用繁體/中文，您可以免費獲得語言援助服務。請致電 1-800-668-3813 (TTY 711)。

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