

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 OTC benefit.

Table with 5 columns: Item #, Product, Quantity, Unit Price, TOTAL. Includes rows for items 1-5 and Subtotal from Other Side and Total Order.

Please mail the completed form back in the postage-paid envelope provided or mail it to: OTC Servicing Center PO Box 267067 Weston, FL 33326 - 9895

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	<input type="text"/>	<input type="text"/>	\$ <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"/>	\$ <input type="text"/> . <input type="text"/>
8	<input type="text"/>	<input type="text"/>	\$ <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"/>	\$ <input type="text"/> . <input type="text"/>
10	<input type="text"/>	<input type="text"/>	\$ <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"/>	\$ <input type="text"/> . <input type="text"/>
12	<input type="text"/>	<input type="text"/>	\$ <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"/>	\$ <input type="text"/> . <input type="text"/>
14	<input type="text"/>	<input type="text"/>	\$ <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"/>	\$ <input type="text"/> . <input type="text"/>
16	<input type="text"/>	<input type="text"/>	\$ <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"/>	\$ <input type="text"/> . <input type="text"/>
18	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
19	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
20	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
Subtotal				\$ <input type="text"/> . <input type="text"/>

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Steward Health Choice Generations HMO SNP is a Health Plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Steward Health Choice Generations HMO SNP depends on contract renewal.

This information is available in other formats, such as Braille, large print, and audio.