

ORDER FORM

STEP 1 - COMPLETE YOUR INFORMATION BELOW

Retail Card

First Name

Last Name and Suffix

MI

Street Number

Street Name

Apt/Suite #

City

State

Zip Code

 -

Email* (Optional)

 @

Daytime Phone

 - -

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

For orders that exceed your benefit amount, you may use MasterCard, Visa, Discover or American Express to pay the difference. Simply contact the OTC Fulfillment Center to complete your order.

Item #	Product	Quantity	Unit Price	TOTAL
1	<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"/>
Subtotal from Other Side				\$ <input type="text"/> . <input type="text"/>
Sales Tax				\$ <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 526266, Miami, FL 33152-9819

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)

Item #	Product	Quantity	Unit Price	TOTAL
3	<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"/>
5	<input type="text"/>	<input type="text"/>	\$ <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"/>	\$ <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"/>
Subtotal				\$ <input type="text"/> . <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.

A new order form will be provided with your shipment and additional forms can be printed at ConveyBenefits.com/EmblemHealth.

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.

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

State Tax Rates

The state tax rates listed below include the local and municipal tax rates, if applicable. These rates are provided as a guide to help place your OTC order using this order form. Tax rates may vary and we may need to contact you directly if there is any question related to this order form. Final order total, to include applicable sales tax will be included in your order packing slip.

State	Combined Rate	State	Combined Rate
Alaska	7.85%	Mississippi	8.00%
Alabama	12.50%	Montana	0.00%
Arkansas	12.63%	North Carolina	7.50%
Arizona	12.90%	North Dakota	8.50%
California	10.75%	Nebraska	8.00%
Colorado	11.20%	New Hampshire	0.00%
Connecticut	6.35%	New Jersey	8.63%
D.C.	6.00%	New Mexico	9.44%
Delaware	0.00%	Nevada	8.38%
Florida	7.50%	New York	8.88%
Georgia	8.90%	Ohio	8.50%
Hawaii	4.50%	Oklahoma	11.50%
Iowa	7.00%	Oregon	0.00%
Idaho	9.00%	Pennsylvania	8.00%
Illinois	11.50%	Rhode Island	7.00%
Indiana	7.00%	South Carolina	9.00%
Kansas	11.60%	South Dakota	7.50%
Kentucky	6.00%	Tennessee	9.75%
Louisiana	12.95%	Texas	8.25%
Massachusetts	6.25%	Utah	9.05%
Maryland	6.00%	Virginia	7.00%
Maine	5.50%	Vermont	7.00%
Michigan	6.00%	Washington	10.50%
Minnesota	8.88%	Wisconsin	6.75%
Missouri	11.99%	West Virginia	7.00%
		Wyoming	8.00%