# Over-the-Counter Order Form

IMPERIAL INSURANCE COMPANIES

**Imperial Insurance Value (HMO C-SNP) 005:** $35 allowance every month

**Please complete the form below with the items you wish to order.**

| Member Name | Member ID# | | Date of Birth |
|---|---|---|---|
| Shipping Address | City | State | Zip Code |
| Month for Delivery (*Circle one; can be up to two months in advance)*<br>Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec | | | |
| Signature | Date | Phone | |

| KKU | Product Name | Price | Quantity | Total Price |
|---|---|---|---|---|
| *Example: 3139002* | *Tylenol Extra Strength 500mg Caplets 24ct* | $5.70 | 2 | *$11.40* |
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