

Over-the-Counter Order Form



IMPERIAL INSURANCE COMPANIES

☐ Imperial Insurance Company Dual (HMO D-SNP) 004: \$120 allowance every quarter

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 (<i>Circle one; can be up to two months in advance</i>) Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec				
Signature		Date	Phone	

SKU	Product Name	Price	Quantity	Total Price
<i>Example: 3139002</i>	<i>Tylenol Extra Strength 500mg Caplets 24ct</i>	\$6.16	2	\$12.32
Order Total				