



4417 Corporation Lane
Virginia Beach, VA 23462
(757) 552-7401

Optima Health Insurance Company
and Optima Health Plan
Enrollment Application

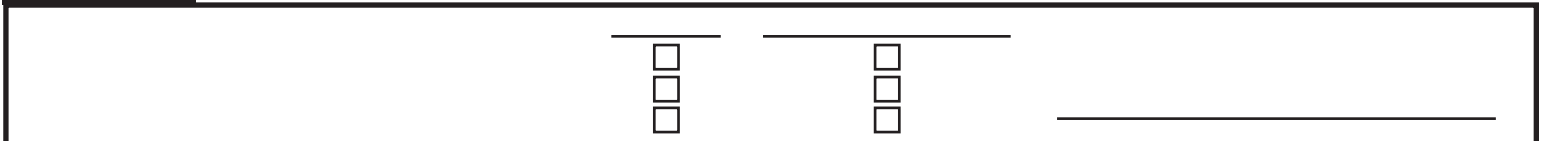
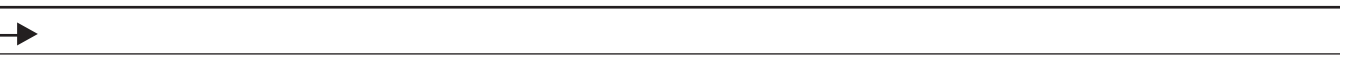
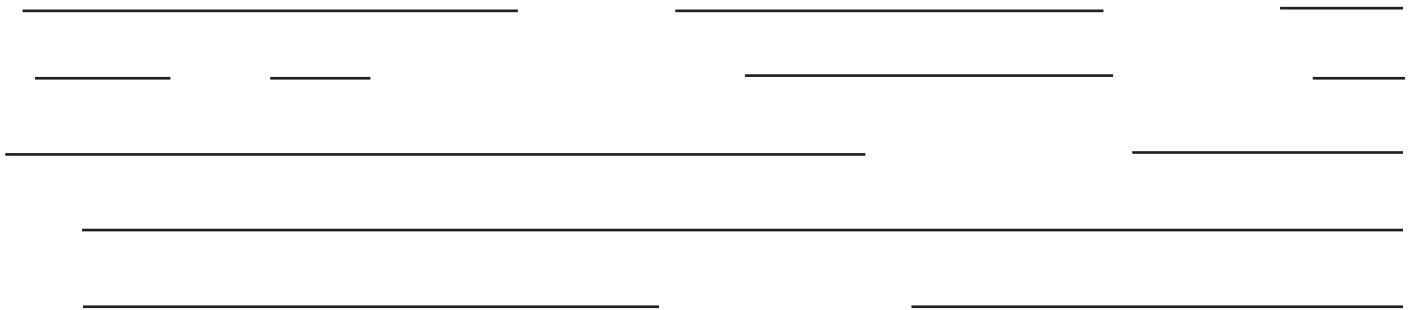
TIPS FOR COMPLETING YOUR ENROLLMENT APPLICATION

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[Redacted]

[Redacted]

OptimaHealth



Section 10

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QRW QHHGHG IRU 30XV

IF ADDING TO POLICY, DATE OF QUALIFYING EVENT (BIRTH, MARRIAGE, ETC.) _____

Section 11

AUTHORIZATION

I am applying for Optima Health coverage for myself and the family members listed, and agree that once enrolled I and my family
PHPEHUV ZLOO DELGH E\ WKH SURYLVLQRV RI FRYHUDJH LQ WKH *URXS & RQWUDFW D
ZKLFK ZH ZLOO EH HQUROOHG 2SWLPD +HDOWK WVFWRSDWU BGL QDPXIGLRU 2S WLPD O+
Health Insurance Company.

I understand that misrepresentation in answering questions on this application or non-payment of premiums may result in loss of
FRYHUDJH XQGHU WKH *URXS +HDOWK 3ODQ

I understand that Optima Health may receive and collect personal information from persons other than me. The collected personal or
privileged information may be disclosed to third parties without authorization. I understand that I have a right to access and correct all
personal information collected about me and that I will receive upon request Optima Health's complete notice of information collection
and disclosure practices.

I authorize any physician, hospital, pharmacy, or other provider of health services or supplies, to disclose to Optima Health medical and
RWKHU LQIRUPDWLRQ UHODWHG WR HOLJLELOLW\ IRU FRYHUDJH RU D FODI7KURU EHG
DXWKRUL]DWLRQ VKDOO H[WHQG WR UHSUHVHQWDWLYHV RI 2SWLPD +HDOWK DV QHH
+HDOWK WKH ULJKW WR UHFHLYH IURP DQG UHOHDVH LQIRUPDWLRQ WR RWKHU LQV
& 2% SURYLVLQRV XQGHU WKH *URXS 3ROLF\ RU *URXS \$JUHHPHQW

, XQGHUVWDQG WKDW 2SWLPD +HDOWK XSRQ UHFHLYLQJ LQIRUPDWLRQ PD\ XVH LW W
IRU FKDQJH LQ SROLF\ EHQH¿WV RU DGPLQLVWHU & 2% Iñ"en-US>-39.70030B6>17.900308005500440

Signature of Applicant _____ Date _____

%HQH¿W \$GPLQLVWUDWRU _____ Date _____

Optima Health Alternative Language Options for Notices and other Written Information

Amharic:

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b ç ù] W ç æ U Â j Ò R j o ¥ R ç Ò R W g Â b Â Ù Ç Ú § : ù * Ù % 8 Ù % " Ñ Ù o § a ^ Ò 1-855-687-6260

Arabic:

.1-855-687-6260 â x © ß Ž Ž P ä Ú ß " ó î Ð à ß • " a È Ž ó a @ ì ß • Ž " Ð § ß È : ê ô

Bengali/Bangla:

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Chinese (Mandarin):

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