



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

Optima Health Insurance Company  
and Optima Health Plan  
Enrollment Application

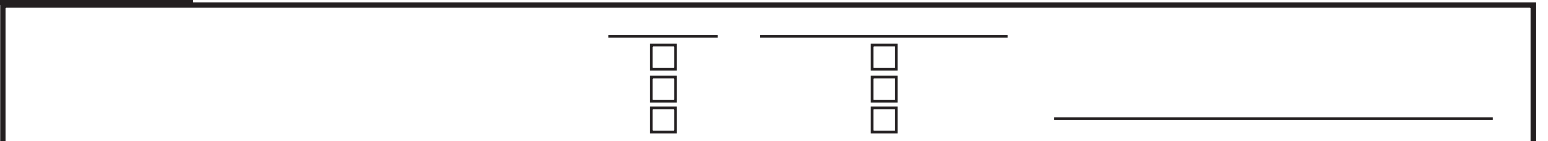
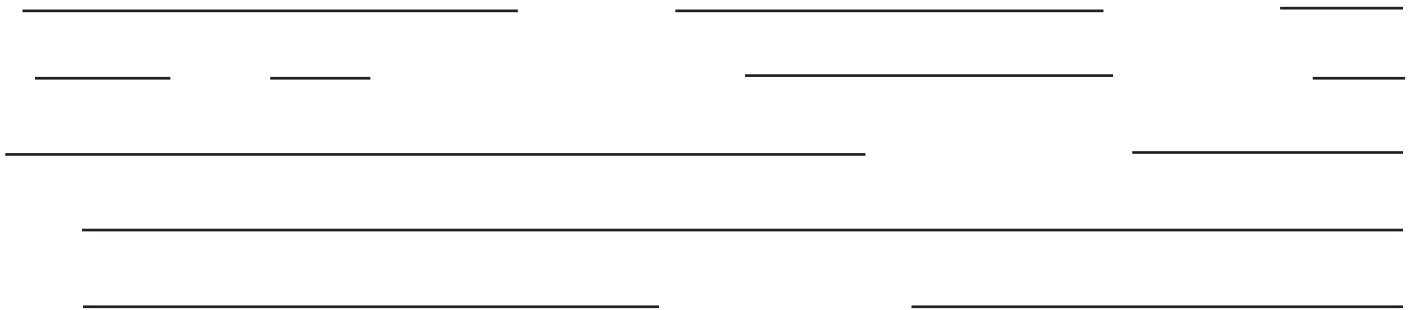
TIPS FOR COMPLETING YOUR ENROLLMENT APPLICATION

&RRUGLQDWLRQ RI %HQH¿WV

[Redacted]

[Redacted]

**OptimaHealth**



Section 10

3OH DVH OLVW EH ORZ DOO GHSHQGHQWV WR EH FRYHUHG E\ WKH HQUROOP  
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 Đ à ß • " a Ě Ž ó a @ ð ð • Ž " Đ § ß Ě : ê ô

Bengali/Bangla:

• à • u • ñ < ^ 1 Ž > † h % > ^ < š , • š E š ' š u ... š ñ • ^ , „ š " ñ • > < ^ š • § - E • š ' š " š — u % > • ñ ' < § a š ñ < ^ a - Š š ^ u È ^ - 1-855-687-6260a

Chinese (Mandarin):

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