



Complete and return this form to:

Mail: Optima Health Enrollment or **Fax:** 757-552-7199
4417 Corporation Lane
Virginia Beach VA 23462

Please call 1-866-472-5764, option 2, if you have questions.

Verification of Student Eligibility

Subscriber Name: _____

Group Name: _____
(Employer)

Dependent Name: _____

Dependent Member ID Number: _____

Name of Educational Institution: _____

Number of Credit Hours: _____

Enrolled Term: _____

I certify that the above named individual is a full-time student in the above named accredited educational institution.

Signature of Subscriber

Date