



_____, 2017

Ms. Suzanne Braxton
Optima Health
4417 Corporation Lane
Virginia Beach, VA 23462
Fax # (757) 687-6135

Group Name: _____

Group #: _____

Dear Ms. Braxton,

As a dues paying member of the _____ (Association),
we would like to have the value-added benefits added to our current
Optima Health policy by our effective/renewal date of _____.

Thank you for your assistance.

Signature

Date

Phone