

Helpful Tips for Completing Your Enrollment Application

These tips are not part of the enrollment application and are meant to assist you as you fill out our enrollment application.

- Please complete the enrollment application in blue or black ink.
- Please print clearly and provide all required information.
- Please attach any necessary supporting documentation, if you are adding or removing a spouse or dependent.

The list below shows the Optima Health Individual and Family Plans that are available through Optima Health Insurance Company.

Individual Product Plus 25/1000

Individual Product Plus 25/3000

Individual Product Plus Equity 2750/80

Individual Product Plus Equity 3250/100

Individual Product Plus Equity 3500

Individual Product Plus Equity 4000

Individual Product Plus Equity 4500

Individual Product Plus FourSight 30/1000

Child Only Applications for Completing Your Enrollment

- Please print clearly and provide all required information.
- Please complete in blue or black ink.
- Attach to paper application with submission.
- Please fill this out for primary application 18 and under.

Name of child _____

Name of parent/guardian _____

Address of parent/guardian _____

Date of birth of parent/guardian _____

Relationship to child _____

Telephone number of parent/guardian _____