

## 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 Plan.

- |   |   |
|---|---|
| <input type="checkbox"/> Individual Product Vantage 500/80  | <input type="checkbox"/> Individual Product Vantage 1000/90 |
| <input type="checkbox"/> Individual Product Vantage 3500/70 | <input type="checkbox"/> Individual Product Vantage 3500/80 |
| <input type="checkbox"/> Individual Product Vantage 4000/90 |   |

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- |  |   |
|--|---|
| <input type="checkbox"/> Individual Product Vantage Equity 1500/70 | <input type="checkbox"/> Individual Product Vantage Equity 1750/100 |
| <input type="checkbox"/> Individual Product Vantage Equity 2000/70 | <input type="checkbox"/> Individual Product Vantage Equity 3500/70  |
| <input type="checkbox"/> Individual Product Vantage Equity 4000/80 | <input type="checkbox"/> Individual Product Vantage Equity 4500/90  |

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- |   |   |
|---|---|
| <input type="checkbox"/> Individual Product FourSight Vantage 500/80  | <input type="checkbox"/> Individual Product FourSight Vantage 1000/80 |
| <input type="checkbox"/> Individual Product FourSight Vantage 2000/70 | <input type="checkbox"/> Individual Product FourSight Vantage 3000/70 |
| <input type="checkbox"/> Individual Product FourSight Vantage 3500/90 | <input type="checkbox"/> Individual Product FourSight Vantage 4000/70 |

## 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 \_\_\_\_\_