

Plea	se select:
	Employer Link and View Billing Statements

www.optimahealth.com

Portal User Profile Form

Group Ir	nformation
Group Name:	Date:
Group # s:	Please indicate all main groups & subgroups you wish to access on optimahealth.com.
Address:	
City: State: _	Zip:
Phone: ()	Fax: ()
Tax ID # (if applicable):	
Personal I	Information
Name:First, Middle, Last (middle initial required)	Suffix:
Social Security #:	Date of Birth:
E-mail address:	
Pager/Cell Number: (al] Gender: [optional]
Role: HR/Benefit Administrator	Other (specify):
Are you currently a member of an Optima or Sentara	health plan? Yes No
Are you currently a broker working on behalf of an er	mployer group? Yes No
Supervisor's Name (print)	
Supervisor's Signature	
NOTE: All information, except as noted, is required.	Incomplete forms will not be
processed. Please e-mail completed forms to Large_ (Group_Enrollment@sentara.com (large
group employers) or Small_Group_Enrollment@sei	ntara.com (small group employers).
Optima Heal	th Staff Use Only
Complete	☐ Notified

CONFIDENTIALITY AGREEMENT

	This Confidentiality Agreement ("Agreement") by a ("Group") is dated as		, 20 This Agreement
	ns the general terms and conditions for the confident Inc. ("Sentara.") Sentara shall be an intended third p	ial release of information to the undersi	gned by Sentara Health
	In consideration of the confidential release of infoers of insurance groups administered by Sentara (agrees that:		
1.	All information regarding Sentara and/or Members Sentara, or that may be or has been disclosed to pursuant to any and all agreements with Group, shadows	the undersigned through the undersign	
2.	All information received by the undersigned is unauthorized release and/or distribution of such da		
3.	The information received by the undersigned will occurs any change in the relationship between Gro		
4.	The undersigned will not refer or distribute the irepresentations, analyses, compilations, studies without the express written consent of Sentara.		
5.	The undersigned shall not use any of the information Sentara, or any Member.	on for any reason or purpose that is in a	iny way detrimental to Group,
6.	The timing and method of any disclosure of con Sentara.	fidential information must be approved	in advance by an officer of
7.	The undersigned will be jointly and severally liable by Sentara as a direct or indirect result of the under		
8.	If the undersigned receives a subpoena or other validly issued administrative or judicial demand requiring him/her to disclose Information, the undersigned shall promptly notify Group, and Group shall promptly provide written notice to Sentara, of such demand in order to permit Sentara to seek a protective order. So long as the undersigned and Group give notice as provided herein and give Sentara the opportunity within the time given to respond to the demand to seek a protective order if it so chooses, the undersigned shall thereafter be entitled to comply with such demand to the extent permitted by law, subject to any protective order or the like that may have been entered in the matter.		
on a no	Notwithstanding the foregoing, the following is not ally available to the public other than as a result of a con-confidential basis prior to its disclosure to the undeconfidential basis from a source other than Sentara.	disclosure by the undersigned, (ii) was	available to the undersigned
Ву:		Company:	
Name:_		Date:	