

OUT OF AREA DEPENDENT CHILD NOTIFICATION

This dependent child notification form for out-of-area dependents is required when dependent children live outside the service area.

TO ASSURE ACCURATE CLAIMS PAYMENT, THIS FORM MUST BE COMPLETED AND MAILED TO:

OPTIMA HEALTH ATTN: ENROLLMENT DEPT. 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 Fax: (757) 963-0205

Email: members@optimahealth.com

Group No	Group Name:	Member No.	
		PRODUCT:	
		SOCIAL SECURITY NUMBER	
Last Name	First MI		
Enter the names	(s) and address(es) of your e	ligible dependents out-of-area:	
Dependent 1	Name SSN DOB Address City, State, Zip Telephone		
Dependent 2	Name SSN DOB Address City, State, Zip Telephone		
Dependent 3	Name SSN DOB Address City, State, Zip Telephone		