

- Optima Health Plan (Vantage, POS, Equity Vantage, Design Vantage)
- Optima Health Insurance Company (Plus, FourSight, Equity Plus, Design Plus)

Please attach all Employee Applications to this Employer Group Application

SECTION A. GENERAL INFORMATION

1. Legal Name of Employer: _____			
2 Company's Trading As Name: _____		Tax ID: _____	
3. Street Address: _____	City: _____	State: _____	Zip: _____
4. Mailing Address: _____	City: _____	State: _____	Zip: _____
5. Phone Number: _____	Fax Number: _____	Email Address: _____	
6. Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____			
7. Nature of Business: <input type="checkbox"/> SIC OR <input type="checkbox"/> Ind. Type: _____ In Business Since: _____			
8. Association Code (if applicable): _____			
9. Company Owner(s): _____		Email Address: _____	
_____		Email Address: _____	
10. Company Contact(s) _____		Title: _____	
_____		Title: _____	
_____		Email Address: _____	
_____		Email Address: _____	

SECTION B. BENEFITS SELECTION

Plan Selection I <input type="checkbox"/>	Plan Selection II <input type="checkbox"/>	Plan Selection III <input type="checkbox"/>
OPTIONAL BENEFITS AND RIDERS		
<input type="checkbox"/> Optima OOA PPO Plan Selection:	<input type="checkbox"/> Out of Area Dependent Rider	<input type="checkbox"/> Prosthetics Rider <input type="checkbox"/> Morbid Obesity Rider

SECTION C. EMPLOYEE ELIGIBILITY

An eligible employee is one of the following persons who is determined to be eligible for coverage under this contract by the Employer, subject to acceptance by the plan:

1. A Full-time employee (at least 17 years of age) of the Employer who works at least 25 hours per week as of the effective date and who works 50 weeks or more per year.
2. An employee who enters into full-time employment after the policy's effective date and who completes the required probationary (waiting) period for eligibility.
3. An employee who is employed and at the Employer's usual place of business. Full-time sales personnel with a primary source of income from the Employer are eligible.
4. An employee who receives a regular paycheck wherein the Employer deducts social security and/or state and federal income taxes.
5. Partners and owners are eligible only if they are bona fide employees of the organization whose main job is to conduct business for the Employer and they meet all other employee eligibility requirements.

SECTION D. EMPLOYER ELIGIBILITY

The Employer certifies that the information on this form is correct to the best of his/her knowledge. The employer further agrees to submit to the following requirements with the application and as may be necessary in the future:

1. The Employer is a corporation, partnership or proprietorship.
2. That the Employer is financially stable and has a minimum of two (2) participating employees.
3. That a payroll deduction system for employee contribution, if any, is in place.
4. That the Employer will contribute an amount equal to at least 50% of the single subscriber's premium for all covered employees.
5. That no other group health policy shall be in force.
6. That the employer will permit any eligible employee (as defined in Section C) to enroll.
7. That the Employer's organization was not formed for the sole purpose of obtaining insurance coverage.
8. That the Employer will assist the plan in obtaining a signed statement from the employee or dependents indicating coverage by any other insurance company for coordination of benefits purposes only.
9. That the Employer will permit an audit by Optima to verify compliance with all policies, procedures and eligibility requirements as defined by the Plan.

