

Please select:

Employer Link and View Billing Statements

Portal User Profile Form

Group Inform	nation			
Group Name:	Date:			
Group # s:	Please indicate all main groups & subgroups you wish to access on sentarahealthplans.com.			
Address:				
City: State:	Zip:			
Phone: () Fax:	()			
Tax ID # (if applicable):				
Personal Inform	mation			
Name:First, Middle, Last (middle initial required)	Suffix:			
Date of Birth:				
E-mail address:				
Cell Number:				
Role: HR/Benefit Administrator Other	r (specify):			
Are you currently a member of Sentara Health Plans? Yes No				
Are you currently a broker working on behalf of an employer group? Yes No				
Supervisor's Name (print)				
Supervisor's Signature				
NOTE: All information, except as noted, is required. Inc	complete forms will not be processed.			
Please e-mail completed forms to Portal@sentara.com				
Sentara Health Plan	ns Staff Use Only			

 \square Complete

■ Notified

CONFIDENTIALITY AGREEMENT

	This Confidentiality Agreement ("Agreement") by and to ("Group") is dated as of		, 20 This Agreement	
concern Plans, li	("Group") is dated as of sthe general terms and conditions for the confidential rnc. ("Sentara.") Sentara shall be an intended third party	elease of information to the undersigned beneficiary of this Confidentiality Agree	d by Sentara Health	
	In consideration of the confidential release of informars of insurance groups administered by Sentara ("Meagrees that:			
1.	All information regarding Sentara and/or Members, the Sentara, or that may be or has been disclosed to the pursuant to any and all agreements with Group, shall be	e undersigned through the undersigned		
2.	All information received by the undersigned is extrumental unauthorized release and/or distribution of such data in			
3.	The information received by the undersigned will recoccurs any change in the relationship between Group			
4.		undersigned will not refer or distribute the information or any derivation or copy thereof (including any notes, esentations, analyses, compilations, studies or other materials) to any other person or entity other than Group out the express written consent of Sentara.		
5.	The undersigned shall not use any of the information for Sentara, or any Member.	or any reason or purpose that is in any v	way detrimental to Group,	
6.	The timing and method of any disclosure of confide Sentara.	ntial information must be approved in	advance by an officer of	
7.	The undersigned will be jointly and severally liable to by Sentara as a direct or indirect result of the undersigned.			
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 nor	Notwithstanding the foregoing, the following is not corly available to the public other than as a result of a disconfidential basis prior to its disclosure to the undersign on fidential basis from a source other than Sentara.	closure by the undersigned, (ii) was ava	ailable to the undersigned	
Ву:		Company:		
Name:_		Date:		