

Plea	se select:
	Employer Link and View Billing Statements

www.sentarahealthplans.com

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	"Jr., Sr., etc"
Date of Birth:			
E-mail address:			<u> </u>
Cell Number:	[optional]		
Role: HR/Benefit Administr	ator Other	r (specify):	
Are you currently a member	of Sentara Health Plans?	Yes	No 🔲
Are you currently a broker wo	orking on behalf of an emplo	yer group? Yes	No
Supervisor's Name (print)_			
Supervisor's Signature			
NOTE: All information, exce	pt as noted, is required. Inc	omplete forms will no	t be
processed. Please e-mail com	pleted forms to Large_Grou	p_Enrollment@senta	ra.com (large
group employers) or Small_(Group_Enrollment@sentara	.com (small group en	iployers).
	Sentara Health Plan	ns 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 undersig	ned 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 undersig	
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 representations, analyses, compilations, studies without the express written consent of Sentara.		
5.	The undersigned shall not use any of the informati Sentara, or any Member.	on for any reason or purpose that is in ar	ny 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 disclose Information, the undersigned shall promp Sentara, of such demand in order to permit Sentar give notice as provided herein and give Sentara that protective order if it so chooses, the undersignestent permitted by law, subject to any protective or control of the con	otly notify Group, and Group shall promp ra to seek a protective order. So long as e opportunity within the time given to res ned shall thereafter be entitled to comp	ptly provide written notice to s the undersigned and Group spond to the demand to seek bly with such demand to the
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 und confidential basis from a source other than Sentara.	disclosure by the undersigned, (ii) was	available to the undersigned
Ву:		Company:	
Name:_		Date:	