SMALL BUSINESS GROUP

OPEN ENROLLMENT MEDICAL PLAN CHANGE REQUEST FORM

Health Net®

Please use this form to indicate plan changes for your employees and their dependents during your renewal. Please call your authorized Health Net broker or Health Net Account Manager or refer to the Small Business Group Policy and Procedures Guide for acceptable plan changes and guidelines.

GROUP CONTACT INFORMATION

Group Number:	Group Name:		Renewal Effective Date:
Group Contact:	Contact Phone:	Contact Fax:	Contact Email Address:

As an owner or officer of stated company, I hereby authorize the below changes to our Health Net Small Business group medical coverage. I have informed said Employees listed below that the enrollment terms of the Health Net form they completed previously at enrollment are still in force and a copy is available upon request. Employees enrolling in PPO coverage from HMO coverage have been informed that their PPO coverage may be subject to the pre-existing condition limitation if insufficient creditable coverage was accumulated to offset the pre-existing limitation.

Printed Name: Signature: Date:

Please indicate with a check, using blue or black ink, the plan each member wishes to move into. Please list all **currently enrolled** members making plan changes during Open Enrollment on this form. New enrollees will need to submit separate enrollment applications. Please photocopy this form if more space is required.

Please fax completed forms to the Health Net Account Management department. For groups located in Southern California, please fax to (818) 676-6297, and for Northern California, please fax to (800) 303-3110.

						HMO 10		HMO 20		HMO 30		HMO 40		EOA 10		EOA 20		EOA 30		EOA 40				PPO 10		PPO 20		PPO 30		PPO 40										
	Member's Name	Member's SSN or Reference ID	For HMO Plans Indicate Primary Care Physician ID	For HMO Plans Indicate Silver Network	Group #	Standard	Value	Standard	Value	Standard	Value	Standard	Value	Standard	Value	Standard	Value	Standard	Value	Standard	Value	POS 10	POS 20	Standard	Value	Standard	Value	Standard	Value	Standard	Value	HSA 10	HSA 20	HSA 30	HSA 40	Salud HMO y más	Salud EPO	Salud PPO	Salud Mexico
1				☐ Y ☐ N																																		
2				☐ Y ☐ N																																				
3				☐ Y ☐ N																																				
4				☐ Y ☐ N																																				
5				☐ Y ☐ N																																				
6				☐ Y ☐ N																																				
7				☐ Y ☐ N																																				
8				☐ Y ☐ N																																				
9				☐ Y ☐ N																																				
10				☐ Y ☐ N																																				

CA43014 (9/07) Health Net HMO, EOA, POS and Salud con Health Net HMO plans are offered by Health Net of California, Inc., a subsidiary of Health Net, Inc. Health Net PPO, Flex Net and Salud con Health Net PPO and EPO insurance plans are underwritten by Health Net Life Insurance Company. All rights reserved.