



# Open Enrollment Medical Plan Change Request Form

For groups, effective 12/1/2017

Please use this form to indicate plan changes for your employees and their dependents during your renewal. Please call your authorized Health Net of California, Inc. or Health Net Life Insurance Company (Health Net) broker or Health Net account manager, or refer to the Group Policy and Procedures Guide, for acceptable plan changes and guidelines.

## Employer group information

Group number:	Company name:	Renewal effective date:	
Group contact:	Contact phone:	Contact fax:	Contact email address:

## Optional rider information

Do you want to add the Infertility Rider Benefit to your medical plan offerings?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want to add the Chiropractic Rider Benefit to your medical plan offerings?: <sup>1</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 indicate with a check, using blue or black ink, the plan each member wishes to move into.** 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 1-800-303-3110.

Member's name	Member's SSN or reference ID #	Group #	Primary care physician's enrollment ID #	HMO																
				Full Network					WholeCare			SmartCare			Salud				CommunityCare	
				Platinum \$10	Platinum \$20	Gold \$30	Gold \$40	Gold \$50	Platinum \$10	Platinum \$20	Gold \$30	Gold \$40	Gold \$50	Platinum \$10	Platinum \$20	Gold \$30	Gold \$40	Gold \$50	Gold \$5	Silver \$20

(continued)

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Member's name	Member's SSN or reference ID #	Group #	Primary care physician's provider ID # <sup>2</sup>	PPO							EnhancedCare PPO			
				Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/30 + Child Dental	PPO Gold Value	Silver 70 PPO 2000/45 + Child Dental	PPO Silver Value	PPO Silver HSA	Bronze 60 PPO 6300/75 + Child Dental	PPO Bronze HSA	EnhancedCare PPO Gold Value	EnhancedCare PPO Silver Value	EnhancedCare PPO Silver HSA

Member's name	Member's SSN or reference ID #	Group #	Primary care physician's provider ID # <sup>2</sup>	PureCare HSP				PureCare One EPO	
				Platinum 90 HSP 0/15	Gold 80 HSP 0/30	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75	Gold 80 EPO 1400/15 Alternate	Silver 70 EPO 1900/20 Alternate

<sup>1</sup>The Chiropractic Rider Benefit is not an option for PPO and EnhancedCare PPO plans. Some of these plans have this benefit embedded already. See benefit materials for more information.

<sup>2</sup>Selecting a primary care physician is not required on PPO or EPO plans.

**Note: You must provide the Summary of Benefits and Coverage (SBC) to each individual listed on this form before the individual makes the plan choice and PRIOR TO SUBMITTING THIS FORM TO HEALTH NET. To download and print an SBC, go to [www.healthnet.com/sbc](http://www.healthnet.com/sbc). Or, please contact your Health Net account manager to obtain a copy.**

As an owner or officer of stated company, I hereby authorize the above changes to our Health Net Group medical coverage. I have informed the employees listed above 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.

Printed name	Signature	Date