



# APPLICATION FOR GROUP SERVICE AGREEMENT

Post Office Box 9103 Van Nuys, California 91409-9103

The following information regarding employee data is submitted to allow Health Net to determine the eligibility of employees seeking enrollment hereunder.

Please prepare and sign two originals of this form and return them with the membership New Enrollment forms.

Broker

Broker #

Application is hereby made for a Health Net Group Service Agreement, the provisions of which are to be made available to all eligible employees, as defined below, and their eligible dependents desiring coverage thereunder. Applicant, in the event this application is accepted, agrees to make authorized payroll dues deductions for such eligible employees who enroll under the agreement(s) and to forward such amounts in advance of the due date to Health Net together with the reports necessary to maintain accurate and complete membership records. Furthermore, applicant agrees to comply with the applicable regulations pertaining to membership requirements, additions to and deletions from the group. Applicant shall inform each eligible employee at the time of his/her employment that he/she may apply for Health Net membership after a probationary period which a person must be continuously employed full time by applicant.

1st of month following:

Next day

### EMPLOYEE DATA

<b>A</b> Total # of Eligible Employees:	<b>B</b> Total # of Ineligible Employees:	<b>C</b> Total # of Employees: A + B =	
<b>DEFINITION OF ELIGIBLE CATEGORIES</b>	<b>DEFINITION OF INELIGIBLE CATEGORIES</b>	<b>AMOUNT OF EMPLOYER CONTRIBUTION</b>	
<input type="checkbox"/> Permanent <input type="checkbox"/> Full time <input type="checkbox"/> Working more than 30 hours per week <input type="checkbox"/> Other:	<input type="checkbox"/> Early Retirees <input type="checkbox"/> 65 years + retirees If Medicare Parts A and B, eligible for HMO or Flex Net or Passport	<input type="checkbox"/> Temporary <input type="checkbox"/> Part time <input type="checkbox"/> Working less than 30 hours per week <input type="checkbox"/> Other:	<input type="checkbox"/> Early Retirees <input type="checkbox"/> 65 years + retirees If Medicare Parts A and B, not eligible for Health Net SELECT
		<b>ACTIVE</b>	<b>RETIRED</b>
		Employee	Employee
		Dependents	Dependents

### HEALTH NET PLAN INFORMATION

<b>Requested Effective Date (Mo/Day/Yr):</b>		<b>Expected Renewal Date (Mo/Day/Yr):</b>					
<b>DEPENDENT ELIGIBILITY</b>	<b>PLAN SELECTION</b>	<b>RATES AND AMOUNT OF DISTRIBUTION</b>					
<input type="checkbox"/> Spouse <input type="checkbox"/> Children (If dependent on the parents for 50% of support) <input type="checkbox"/> Children (full-time Student) <input type="checkbox"/> Up to ages 19 - 23 <input type="checkbox"/> Up to ages 19 - 25 <input type="checkbox"/> Domestic Partners <b>PRE-EXISTING</b> Waiver for current enrollees upon takeover <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>HEALTH NET PACKAGE: MEDICAL</b> <input type="checkbox"/> HMO Plan <input type="checkbox"/> OPTIONS PPO Plan <input type="checkbox"/> SELECT POS Plan <input type="checkbox"/> ELECT OA Plan <b>SUPPLEMENTAL PROGRAMS</b> <input type="checkbox"/> RX: <input type="checkbox"/> Vision: <input type="checkbox"/> Chiro Net: <input type="checkbox"/> Health Net INSIGHT: <input type="checkbox"/> Other Flex Net: Use separate Flex Net Application		<b>Single</b>	<b>2-Party</b>	<b>Family</b>	<b>Child(ren)</b>	<b>S C</b>
		H M O					
		SELECT					
		ELECT					
		OPTIONS (PPO)					
		R X					
		Vision (MES)					
		Chiro Net					
		Insight					
		<b>Total:</b>					

### APPLICATION

CORPORATE NAME	TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP

Please complete all of the information before signing this application for Health Net plans. Please initial any changes. Health Net SELECT and ELECT consists of HMO services provided by Health Net and insurance benefits underwritten by Health Net life Insurance Company. Flex Net and OPTIONS benefits are fully underwritten by Health Net Life Insurance Company. NOTE: Health Net ELECT plans are non-federally qualified.

Arbitration Agreement: Any dispute or controversy, except medical malpractice, that may arise between the applicant, a member and Health Net regarding the performance, interpretation or breach of the agreement between applicant and Health Net, whether arising in contract, tort or otherwise, must be submitted to arbitration in lieu of a jury or court trial. This is an application only. Coverage and the issuance of a Group Service Agreement is subject to receipt of first month's premium and to review and approval by Health Net Underwriting.

SIGNATURE	TITLE	DATE
COVERAGE EFFECTIVE	HEALTH NET SIGNATURE	DATE
		GROUP #