Health Net of California, Inc and
Health Net Life Insurance Company (Health Net)
Health Net Small Group HMO and PPO plans are pending completion of regulatory review

Ancillary Add-On or Change Form

For 2–100 Employees

Complete this form to add or change dental, vision, and/or life and AD&D coverage in conjunction with an existing medical plan. Complete the Employee Enrollment and Change form to add any new enrollees or dependents. **Note:** All medical plans include pediatric dental and pediatric vision coverage until the last day of the month in which the individual turns 19. For off-cycle dental/vision plan additions, your renewal date will be coordinated with your medical plan renewal date.

Employer group information

Company Name:	Group #:	SIC code:
Tax ID number (TIN):	Effective date:	

Dental

	Dental (DHMO)	Dental (DPPO)		
☐ Voluntary ☐ Employer-paid				
☐ Bundled Rate[1]	☐ HN Plus 150	☐ Classic 4 1500	☐ Classic 5 1500 (w/ortho)	
	☐ HN Plus 225	☐ Essential 2 1000	☐ Essential 5 1500 (w/ortho)	☐ Essential 6 1500

Vision

☐ Voluntary ☐ Employer-paid	☐ Elite 1010-1	☐ Preferred 1025-2	☐ Preferred Value 10-3	☐ Exam only
☐ Bundled Rate[1]	☐ Supreme 010-2	☐ Preferred 1025-3	☐ Plus 20-1	

Life and AD&D options (If Health Net Life is selected, all full-time employees are eligible.)

☐ $15,000 (2-100 employees) ☐ $25,000 (15-100 employees) ☐ $50,000 (25-100 employees)

Employer contribution

Employee Dental:______%	Employee Vision:______%	Employee Life:______%
Dependent Dental:______%	Dependent Vision:______%	

Eligibility information

	DENTAL	VISION	LIFE
Number of eligible employees (including eligible owner(s)):			
Total number of Health Net enrollees (excluding COBRA enrollees):			
Number of Health Net COBRA enrollees (applying for ancillary coverage):			
Number of waivers:			

I hereby authorize these changes to the Group Service Agreement (GSA) and/or Group Policy, and agree that, except as expressly modified by this form, all terms, limitations and conditions of the GSA and/or Group Policy remain in effect.

Officer of the company signature:	Officer title:	Date:
Broker name:	Broker company:	
Broker ID/NPN:	Broker address:	
Broker signature:	General Agency:	

Applicant's signature above confirms to the best of their knowledge or belief the accuracy and completeness of the information that the applicant has entered in this application.

[1]Groups adding new dental with new vision and/or life may be eligible to receive an additional 5% premium savings on each of the ancillary lines they add. Groups must qualify for employer paid rates on all selected products.

Life/AD&D insurance plans are underwritten by Health Net Life Insurance Company. Vision plans, other than pediatric vision, are underwritten by Health Net Life Insurance Company and administered by Envolve Vision, Inc. Health Net Dental HMO and PPO plans, other than pediatric dental, are offered and serviced by Dental Benefit Providers of California, Inc. (DBP). Obligations of DBP are neither the obligations of, nor guaranteed by, Health Net, LLC or its affiliates. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC and Centene Corporation. Health Net and Salud con Health Net are registered service marks of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

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