



Health Net[®]

Large Group Purchaser Claims Data Request & Attestation

I, _____ [name],

am an authorized representative of

_____ [name
of Large Group Purchaser/Group Health Plan] (“Purchaser”) who has signatory authority to bind
Purchaser and certify in my capacity as an individual with such signatory authority as follows. Pursuant
to Cal. Health and Safety Code § 1385.10 or Cal. Insurance Code § 10181.10, as applicable, Purchaser
hereby requests that Health Net, Inc. (“Health Net”) provide de-identified claims data to Purchaser in
Health Net’s capacity as the health care service plan or health insurer, as applicable, for Purchaser.
Purchaser recognizes and understands that only data that can be de-identified will be provided.

Purchaser certifies, as a condition of receiving from Health Net any data requested through this Large
Group Purchaser Claims Data Request & Attestation form, that Purchaser will comply with all applicable
state and federal privacy laws.

_____ [Name]

_____ [Title]

_____ [Purchaser]

_____ [Signature]

_____ [Date]