Health Net of California, Inc and
Health Net Life Insurance Company (Health Net)

Dental and Vision Add-On or Change Form for Groups 101+

Complete this form to add or change dental, and/or vision coverage in conjunction with an existing medical plan. Complete the Employee Enrollment and Change form to add any new enrollees or dependents. For off-cycle dental/vision plan additions, your renewal date will be coordinated with your medical plan renewal date.

Employer group information

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

Dental

☐ Voluntary ☐ Employer-paid	**Dental (DHMO)** ☐ HN Plus 85 ☐ HN Plus 100 ☐ HN Plus 150 ☐ HN Plus 185 ☐ HN Plus 225	**Dental (DPPO)** ☐ Classic 1 1500 (w/ortho) ☐ Classic 2 1500 ☐ Classic 3 1500 (w/ortho) ☐ Classic 4 1500 ☐ Classic 5 1500 (w/ortho) ☐ Classic 6 1500 ☐ Classic Plus 1 2000 (w/ortho & Max Advantage) ☐ Classic Plus 2 2000 (w/ortho & Max Advantage) ☐ Essential 1 1000 (w/ortho) ☐ Essential 2 1000 ☐ Essential 3 1000 (w/ortho) ☐ Essential 4 1000 ☐ Essential 5 1500 (w/ortho) ☐ Essential 6 1500 ☐ Essential Value 1 1000 ☐ Basic 500 ☐ Custom Plan Code _____

Vision

☐ Voluntary ☐ Employer-paid	☐ Preferred 1025-2 ☐ Preferred 1025-3 ☐ Preferred Value 10-3 ☐ Elite 1010-1 ☐ Supreme 010-2 ☐ Plus 20-1 ☐ Exam only ☐ Custom Plan Code _____

Employer contribution

Employee Dental:_____% Employee Vision:_____% Dependent Dental:_____% DependentVision:_____%

Eligibility information

	Dental	Vision
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 or Employer signature:	General agent name:	

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.

FRM698239EC01w (1/23)