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

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 (renewal date):	

Dental

☐ Voluntary ☐ Employer-paid ☐ **Bundled Rate:** 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.	**Dental (DHMO)** ☐ HN Plus 150 ☐ HN Plus 225	**Dental (DPPO)** ☐ Classic 4 1500 ☐ Classic 5 1500 (w/ortho) ☐ 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
	☐ 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 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.

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