

SMALL BUSINESS GROUP

DUAL NETWORK¹ OPEN ENROLLMENT
MEDICAL PLAN CHANGE REQUEST FORM



Please use this form to indicate plan changes for your employees and their dependents during your renewal. Please call your authorized Health Net broker or Health Net Account Manager, or refer to the Small Business Group Policy and Procedures Guide, for acceptable plan changes and guidelines.

GROUP CONTACT INFORMATION

Group number:	Group name:	Renewal effective date:
Group contact:	Contact phone:	Contact fax:
		Contact email address:
As an owner or officer of stated company, I hereby authorize the below changes to our Health Net Small Business Group medical coverage. I have informed said employees listed below that the enrollment terms of the Health Net form they completed previously at enrollment are still in force and a copy is available upon request.		
Printed name:	Signature:	Date:

Please indicate with a check, using blue or black ink, the plan each member wishes to move into. Please list all **currently enrolled** members making plan changes during Open Enrollment on this form. New enrollees will need to submit separate enrollment applications. Please photocopy this form if more space is required.

Please fax completed forms to the Health Net Account Management department. For groups located in Southern California, please fax to (818) 676-6297, and for Northern California, please fax to 1-800-303-3110.

	Member's name	Member's SSN or Reference ID	For HMO plans indicate primary care physician ID	Group #	Full network				For HMO or EOA plans, indicate option	For HMO or EOA plans, indicate network	HMO 10	HMO 15	HMO 20	HMO 25	HMO 30	HMO 35	HMO 40	HMO 50	EOA 10	EOA 15	EOA 20	EOA 25	EOA 30	EOA 35	EOA 40	EOA 50
					STD HMO 20	STD HMO 30	VAL HMO 30	VAL HMO 40																		
1									<input type="checkbox"/> Standard <input type="checkbox"/> Value <input type="checkbox"/> Advantage	<input type="checkbox"/> Silver <input type="checkbox"/> Bronze																
2									<input type="checkbox"/> Standard <input type="checkbox"/> Value <input type="checkbox"/> Advantage	<input type="checkbox"/> Silver <input type="checkbox"/> Bronze																
3									<input type="checkbox"/> Standard <input type="checkbox"/> Value <input type="checkbox"/> Advantage	<input type="checkbox"/> Silver <input type="checkbox"/> Bronze																
4									<input type="checkbox"/> Standard <input type="checkbox"/> Value <input type="checkbox"/> Advantage	<input type="checkbox"/> Silver <input type="checkbox"/> Bronze																
5									<input type="checkbox"/> Standard <input type="checkbox"/> Value <input type="checkbox"/> Advantage	<input type="checkbox"/> Silver <input type="checkbox"/> Bronze																
6									<input type="checkbox"/> Standard <input type="checkbox"/> Value <input type="checkbox"/> Advantage	<input type="checkbox"/> Silver <input type="checkbox"/> Bronze																
7									<input type="checkbox"/> Standard <input type="checkbox"/> Value <input type="checkbox"/> Advantage	<input type="checkbox"/> Silver <input type="checkbox"/> Bronze																
8									<input type="checkbox"/> Standard <input type="checkbox"/> Value <input type="checkbox"/> Advantage	<input type="checkbox"/> Silver <input type="checkbox"/> Bronze																

¹Groups may only select one tailored network offering alongside the full network Dual Plans. Silver and Bronze may not be offered together.