



Health Net®

Health Net of the Northeast, Inc.
One Far Mill Crossing
P.O. Box 904
Shelton, CT 06484-0944

www.healthnet.com

Dear Broker Partner,

At Health Net, we understand the more successful you are, the more successful we become. We are committed to working with you to help you close more sales and provide superior service to your clients, our members.

One key element of our relationship is having everything in place for you to sell Health Net products. To assure compliance with state laws and Department of Insurance (Department of Banking and Insurance in NJ) requirements, it is necessary to appoint you with our company(ies) thus providing you with the necessary authorization to solicit new business in our service area.

Please fax or Email the following to our Licensing Compliance Unit within the next *five business days*:

- Copy(s) of your state insurance license(s)
- Signed W-9 Profile, Licensing and Broker Agreement form
- Agent Listing (For use by Agencies Only)

Our fax number is (203) 225-3204, our telephone number is (800) 848-4747 ext. 8600, and our Email address is BrokerAppointment@healthnet.com (*if using Email, W-9 must be scanned with signature*).

We look forward to enhancing our relationship with you, ensuring our mutual success as we continue to grow to become one of the Northeast's largest health plans.

Respectfully,

Health Net - Broker Licensing and Compliance

Log ID:

BROK184-06 (Rev. 06/12/07)

In the Northeast, coverage is provided by subsidiaries of Health Net of the Northeast, Inc. and Health Net Life Insurance Company



Health Net[®]

Health Net of the Northeast, Inc.
One Far Mill Crossing
P.O. Box 904
Shelton, CT 06484-0944

www.healthnet.com

BROKER AGREEMENT

THIS BROKERAGE AGREEMENT

(the "Agreement") is effective in the month of October 2010, by and between the broker and Health Net of the Northeast, Inc, ("Health Net") on behalf of the companies listed on Schedule A.

WHEREAS the Broker desires to effect the sale of group health benefit programs and group health insurance with Health Net®, and Health Net desires to contract with the Broker to do so;

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties do hereby agree as follows:

Section 1. Authorization of the Broker: Once appointed by Health Net, the Broker will serve as a Broker for Health Net, in the service areas described in Schedule A (the "Territory"). The Broker shall solicit applications for group health benefit programs, group health insurance and claims administrative services offered by or through Health Net, (together the "Program"). The Broker may solicit applications and receive commissions for enrollment in the Program, which results in the execution by Health Net, of a full risk or administrative services contract. Health Net may, in its sole discretion, upon notification to Broker and the group, redefine the type of Program for which Broker may receive commissions for enrollment. Broker is authorized to receive the initial premium for the Programs (initial premium does not include reserves, fees, retention payments, payment from Bank Letters of Credit). This Agreement, and the conduct of Broker under this Agreement, is subject to such rules and regulations as Health Net has established or may hereafter establish governing the conduct of its business. Broker acknowledges and agrees that Broker's conduct and this Agreement are subject to all applicable state and federal insurance laws, statutes and regulations.

This shall not be an exclusive arrangement. Health Net has the right to enter into arrangements with other Brokers, and Broker has the right to enter into arrangements with other health care plans and health insurers.

Section 2. Limitation on Authority: Broker is not authorized to and agrees not to:

- extend credit or incur any indebtedness, liability, or obligation on behalf of Health Net;
- alter, waive, or modify any of the terms, conditions, rates or limitations of any Program issued;
- effect any verbal Program agreement;
- effect any Program agreement except by means of authorized policy forms duly executed by an authorized representative of Health Net;
- receive any money for Health Net, except the initial premium as specified herein;
- solicit applications in any area or state in which either Health Net, or Brokers are not authorized to do business;
- act in a manner contrary to any laws, rules or regulations of any governmental or other regulatory authority having jurisdiction over the subject matter of this Agreement;
- perform any act not specifically authorized in this Agreement including, but not limited to, accepting legal process on behalf of Health Net; or
- rebate or offer to rebate all or any part of a premium or deposit on an insurance contract issued or to be issued Health Net.

Broker has no authority and may not bind Health Net, with respect to any application for enrollment in a Group Enrollment Agreement without the prior written authorization of Health Net. Broker shall have no authority other than that expressly granted in this Agreement; no forbearance or neglect on the part of Health Net, to insist upon compliance with the terms of

this Agreement shall be construed as or constitute a grant of authority under this Agreement.

Section 3. Relationship of Parties: The Broker agrees to be governed in the performance of his/her duties by the terms and conditions of this agreement, and by the rules established by Health Net®. Nothing contained in this Agreement shall be construed to create the relationship of employer and employee or principal and agent between Health Net, and Broker. The Broker is an independent contractor for Health Net. Health Net shall not be responsible for Broker's expenses, obligations or liabilities of any kind.

Section 4. Premium Remittance: The Broker shall have authority to receive and to transmit to Health Net, the initial premium payment for enrollment in a Group Enrollment Agreement. In the event any premium payment, other than the initial premium payment, is collected or received, the Broker shall remit such payment immediately in full directly to Health Net. All premium payments must be payable to Health Net. No premium payment may be made payable to the Broker. Separate premium payments shall be remitted to Health Net, in accordance with the premium quoted. Furthermore, all such payments are the property of Health Net, and shall be held by the Broker as trust funds. The Broker has no interest therein and shall make no deductions therefrom for any reason. Nothing contained herein shall be construed to give the Broker any interest, ownership, or proprietary control over any premiums received. Demand is hereby made on the Broker for the payment of any and all premium payments received. The Broker in lieu of any further demand for such payment(s) hereby accepts such demand.

Section 5. Eligible Groups: In order to be eligible for the Programs, a group must comply with all current eligibility and underwriting standards/guidelines of Health Net. These standard/guidelines are subject to change without notice. In addition, Health Net must receive all necessary enrollment materials within any deadlines set by Health Net, before a group will be considered for coverage. Finally, a group must be formally accepted by Health Net, and must execute a group enrollment agreement, to be enrolled.

Section 6. Rejection of Applications/Revision of Premiums: Health Net reserves the right to: reject any application for enrollment in a Program; at its sole discretion, to withdraw from the sale of, or to

amend, any Program, amendment, or endorsement; revise charges or premiums applicable to its Program(s); or refuse to make coverage available. If Health Net does not extend coverage under a Program for one of the reasons above, no fee or commission shall be paid. Similarly, if Health Net revises charges or premiums, the fees or commissions paid to the Broker shall be adjusted in accordance with the Commission Fee Schedule then in effect.

Section 7. Representation: The Broker shall make no representations with respect to the Programs except as may be contained in the written material prepared and furnished by Health Net. The Broker shall make no oral or written alteration, modification or waiver of any of the terms, conditions, or rates applicable to that coverage without the prior written approval of Health Net. The Broker shall only quote those premiums or charges of Health Net, which have been filed with and approved as required by the appropriate state and federal statutes and regulations. These premiums or charges are subject to change without prior notice to the Broker.

Section 8. Service Marks: The Broker may not use in any form any registered or unregistered trademark, trade name or service mark owned by Health Net, nor may the Broker place any advertisement pertaining to Health Net, in any medium, or issue or distribute any circular, letter, or publication referring to Health Net, without the prior written approval by Health Net. It is understood and agreed that no right or license or approval has been granted to the Broker, expressly or by implication, by this Agreement or otherwise, to use any such name or mark or to make any such reference to Health Net.

Section 9. Commissions: Commissions, net of any charges such as for advances, return commissions or debts due Health Net, shown on the monthly accounting, shall be paid as set forth on Schedule B attached hereto and incorporated by reference. Such commissions shall constitute full compensation for services performed under this Agreement. Health Net may revise Schedule B as deemed necessary due to regulatory changes. All new and renewal commissions will be paid in accordance with the commission schedule in effect at the time the commission is due.

Section 10. Commission Payment Rules: Commission payments will be made on new and renewal business in accordance with Schedule B. New

business is defined as an account which has not purchased a Program from Health Net, during the six (6) months prior to the effective date of the new Program. All business that is not new business is renewal business.

A. Commissions will be paid monthly, but commissions will only be paid on premium payments or charges actually received and applied by Health Net® in the prior month. The rules, regulations, and commission schedules in effect at the time a commission payment is due shall apply. To receive commission payment pursuant to this Agreement, the Broker must hold a valid insurance Broker's license during the entire term of this Agreement for the state in which the Broker is soliciting groups.

B. To receive commission payments for a group about which Health Net has received a Broker of Record letter, the Broker must submit a Broker of Record letter executed by the group in substantially the same format as shown on Schedule C, which is attached hereto and is incorporated by reference. The broker shall submit all Broker of Record letters to Health Net in accordance with the Health Net Broker of Record policy attached within on Schedule D.

C. Payments of commissions for accounts to a Broker other than the Broker of Record will not be permitted unless there is a Broker of Record change. Transfer of account from one Broker to another Broker will not be permitted unless there is a Broker of Record change. However, those changes of a Broker of Record are not required if the Broker's Agreement with Health Net is terminated or if the Broker issues a written release allowing Health Net to transfer the account.

Section 11. Accounting: Health Net shall provide to the Broker, on a monthly basis, a statement setting forth commissions earned and payable to the Broker along with an accounting of charges to the Broker's commission account. Upon receipt the Broker agrees to examine the same immediately and to notify Health Net at once in writing of any difference between said statements and the Broker's records. Failure to notify Health Net within sixty (60) days of any difference shall be an admission of the correctness of such statement.

Section 12. Audits: Health Net shall have the right to audit the records and accounts of the Broker upon reasonable advance notice during normal business

hours for the purpose of verifying any enrollment or payment data relating to Programs procured under this Agreement and commissions payable under this Agreement. The Broker agrees to keep complete records and accounts of all transactions relating to Programs written under this Agreement while this Agreement is in effect and for six years after termination of the Agreement. The Broker also acknowledges that Health Net may audit the accounts in accordance with the terms and conditions of the Programs. Health Net may conduct such audits to determine whether the account complies with Health Net underwriting and enrollment guidelines, minimum participation requirements, or as provided for in the Programs.

Section 13. Licenses: The Broker hereby represents and warrants that Broker is properly licensed to conduct all business required pursuant to this Agreement and that the Broker is and will continue to be in compliance with all applicable federal, state, and local laws. The Broker shall immediately notify Health Net, of any termination, suspension, or expiration of such license. This Agreement will immediately terminate and no further commissions will be paid on accounts located in a state in which the Broker ceases to be licensed or where the Broker fails to otherwise comply with all requisite statutes and/or regulations. The Broker is responsible for and shall pay for Broker's licenses, fees or taxes required by any federal, state, local or municipal law. The Broker is responsible for submitting the appropriate appointment fees to Health Net for as long as the Broker is under the terms of this Agreement and the filing of a notice of appointment is requested to be paid upon renewal by the such said state.

Section 14. Confidentiality: During the term of this Agreement and any extension thereof, or at any time after termination of the Agreement, the Broker shall not divulge or use any confidential and/or proprietary information about the business of Health Net, or about Health Net, itself, except as authorized by Health Net, in writing. Confidential and proprietary information about the business of Health Net, includes, but is not limited to, policies, procedures, underwriting guidelines, and/or group specific proposals of Health Net, in any form whatsoever, which the Broker obtained by reason of this Agreement. The Broker shall be jointly and severally responsible to Health Net, for any acts or omissions by the Brokers, which result in the unauthorized divulging or use, of such confidential or proprietary information.

Section 15. Indemnification: The Broker agrees to reimburse, indemnify and hold Health Net harmless from and against all losses, claims, attorney's fees, liabilities, costs, damages, judgments, settlements and/or expenses which Health Net® sustains or incurs as a result of the breach of this Agreement and/or from negligent or willful acts or omissions of the Broker (including the Broker's employees and agents) in the performance of any of the Broker's services or duties pursuant to or related in any way to this Agreement. The Broker's obligations under this Section shall survive the termination of this Agreement. If the Broker is a corporation, the signatory to this Agreement assumes all obligations and liabilities of the Broker under this Agreement jointly and severally with the Broker.

Health Net agrees to hold the Broker harmless, and to indemnify the Broker against all loss, claims, attorney's fees, liability, costs, damage or expenses which result from a breach of this Agreement by Health Net, or from negligent or willful acts of Health Net (including Health Net's employees and agents), in the performance of any of Health Net services or duties hereunder or related in any way to this Agreement. Health Net's obligations under this Section shall survive the termination of this Agreement.

Section 16. Errors and Omissions Insurance: The Broker is required to maintain, in good standing, errors and omissions insurance coverage with an aggregate limit of liability of at least one million dollars (\$1,000,000) during the entire term of this Agreement with an insurance company with an A. M. Best rating of B or higher. The Broker is further required to provide Health Net, at its request, with a copy of such errors and omissions insurance policy. The Broker must notify Health Net if the errors and omissions coverage is terminated, canceled, or lapsed.

Section 17. Term of Agreement: This Agreement shall be effective from the date first above written and shall continue in full force and effect for one (1) year, thereafter to be automatically renewed on a year-to-year basis, from the effective date hereof unless sooner terminated pursuant to any provision of this Agreement.

Section 18. Termination of Agreement: This Agreement may be terminated at any time by any party hereto upon fifteen (15) days prior written notice to the other parties.

The Agreement shall be terminated immediately, without any notice being required, if:

- such termination is required by state or federal law or regulation, or by an order of any state or federal agency or court with authority to issue such an order;
- the Broker ceases to be licensed to act as an broker, agent or producer within the Territory because its license is suspended, revoked, or surrendered;
- the Broker withholds or misappropriates funds of Health Net, or the accounts;
- the Broker commits any illegal act or fraud in the performance of duties under this Agreement; or
- the Broker is convicted of any felony, or a misdemeanor directly related to the business of insurance, including but not limited to fraud, theft, embezzlement, or any other offense related to misuse or taking of funds.

Section 19. Vesting of Commissions Upon Termination: Consistent with Schedule B, it is agreed that commissions, or return commissions as the case may be, shall be paid or allowed on additional premiums payable, or on return premiums or adjustments, or on cancellations made, until the anniversary date of the Program that immediately follows cancellation of this Agreement. These commissions shall be paid on any transaction for which a commission was paid under the terms of the Agreement, on condition that:

- the account continues to pay premiums; and
- the Broker remains Broker of Record

Commission payments shall be in accordance with all state and federal laws and regulations. However, payment of commissions will cease automatically if the Broker's Agreement is terminated for the grounds set forth in Section 18.

Section 20. Transfer of Ownership: In the event of a transfer of ownership of the Broker's business, the Broker shall remain jointly and severally liable with the purchaser/transferee for all premium remittances received and all debts and obligations incurred under this Agreement, unless otherwise agreed to in writing by Health Net.

Section 21. Assignment of Commissions: Any assignment of commissions payable under this Agreement shall be valid only with the prior written approval of Health Net.

Section 22. Assignment of the Agreement: This Agreement shall not be sold, pledged or assigned by the Broker without Health Net®'s prior written approval.

Section 23. Notices: Any notices or other communications required or permitted to be given or delivered under this Agreement shall be in writing (unless otherwise specifically provided herein) and shall be sufficiently given if delivered personally or mailed by first-class mail, postage prepaid, to the person(s) specified in Schedule A as acting on behalf of Health Net, and to the Broker at the Broker's last known business address or to such other address or addressee as either party may from time to time designate to the other by written notice. A notice or other communication shall be deemed to be given as of the date it is personally delivered or when placed in the mails in the manner specified.

Section 24. Entire Agreement: This Agreement constitutes the entire agreement and understanding between the parties. This Agreement supersedes all prior agreements, understandings, negotiations and discussions, both written and oral, among the parties with respect to the subject matter hereof, which are terminated as of the date this Agreement is signed by the parties. This includes all prior agreements, if any, between the Broker and Health Net, affiliated companies such as M.D. Health Plan Inc., First Option Health Plan of New Jersey Inc. or QualMed Plans For Health Inc.

Section 25. Amendments: Except as otherwise specified in this Agreement, the Agreement may be amended or modified by Health Net. Such amendments or modifications shall become effective immediately upon the mailing of the amendment or modification, unless Health Net indicates otherwise in the amendment or modification.

Section 26. Notification of Complaints or Inquiries: The Broker shall forward to Health Net, immediately upon receipt any and all insurance department, health department or other communications, complaints and/or inquiries, written or oral, regarding any claim or other business subject to this Agreement. The Broker shall not make complaint to any regulatory agency about Health Net, without first bringing the issue to the attention of Health Net, and providing Health Net, a reasonable opportunity to respond.

Section 27. Relationship of Insurers: Each Health Net Company is a separate corporate and legal entity, with its own license to do business in a particular state or states. Nothing in this Agreement shall cause a specific Health Net company to be liable for or responsible for the debts, liabilities, and/or obligations of any other Health Net company. Furthermore, this Agreement does not in any way authorize one Health Net company to accept legal process for any other.

Section 28. Waiver: No waiver of any of the provisions of this Agreement shall be deemed or shall constitute a waiver of any other provision hereof, whether or not similar, nor shall any such waiver constitute a continuing waiver unless otherwise expressly provided.

Section 29. Severability: The invalidity of any one or more of the words, phrases, sentences, clauses, sections or subsections contained in this Agreement shall not affect the enforceability of the remaining portions of this Agreement or any part hereof.

Section 30. Section Headings: The section headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of any provisions of this Agreement.

Section 31. Governing Law: This Agreement shall be governed by, and construed and enforced in accordance with, the laws of the state in which Broker is licensed. If Broker is licensed in more than one state in which Health Net does business, disputes under this Agreement shall be governed by the laws of the state of the Health Net Company issuing the Program about which the dispute was raised.

Section 32. Execution: Proper execution of this Agreement requires that if the Broker is doing business as an individual, the Broker must personally sign this Agreement in his/her own name as a Broker. If the Broker is doing business as a corporation, an authorized officer of such corporation whose name appears on the Broker's license must sign this Agreement. If the Broker is doing business as a partnership, two partners whose names appear on the license must sign this agreement.

SCHEDULE A - HEALTH NET[®] COMPANIES

Health Net of Connecticut Inc.
 One Far Mill Crossing
 Shelton, CT 06484-0944

Health Net of New Jersey Inc.
 One Far Mill Crossing
 Shelton, CT 06484-0944

Health Net of New York Inc.
 One Far Mill Crossing
 Shelton, CT 06484-0944

Health Net Life Insurance Company
 One Far Mill Crossing
 Shelton, CT 06484-0944

Health Net Insurance of New York Inc.
 One Far Mill Crossing
 Shelton, CT 06484-0944

SCHEDULE B – STANDARD COMMISSION SCHEDULE

Small Groups (up to 50 lives)

| | | |
|-----------|-----------|-----------|
| NY | CT | NJ |
| 4%* | 5% | 5% |

Middle & Large Groups (over 50 lives)

| | | |
|-----------|-----------|-----------|
| NY | CT | NJ |
| 4% | 4% | 4% |

* New York HMO business is flat 4% per State of New York law

SCHEDULE C – SAMPLE OF A BROKER OF RECORD LETTER

BROKER OF RECORD LETTER MUST BE TYPED ON EMPLOYER GROUP'S LETTERHEAD

January 1, 2007

Health Net
 One Far Mill Crossing
 P. O. Box 904
 Shelton, CT 06484
 Attn: Broker Licensing & Compliance Department
 Mail Stop: CT-900-02-52

Plan Group Name _____
 Plan Group Number _____
 Broker Name _____
 Broker Number _____
 GA Name (if applicable) _____
 GA Name (if applicable) _____

Dear Representative,

Please be advised that effective (month/date/year), (name of Broker or Agency) is named Broker of Record on behalf of (Name of Account). I am aware that I may change the Broker of Record designation at any time. The named Broker of Record is an independent contractor and not an employee of Health Net, and has no authority to bind coverage or represent information other than appearing on materials approved by Health Net.

Sample Letter
 Signature Owner/Officer

Sample Letter
 Signature Broker

Date: _____
Sample Letter
 Date: _____
Sample Letter

Broker of Record and commission payments are subject to the policies and procedures of Health Net[®].

SCHEDULE D - BROKER OF RECORD LETTER POLICY

The **Broker of Record** is the broker assigned by the group as its current servicing broker. A Broker of Record letter must clearly specify the Broker's name and Health Net Broker Number on the Group Application for each new group.

Please note the following:

- It is the responsibility of the Broker to immediately notify, in writing, the Broker Licensing & Compliance Department of any change the Broker of Record on a group;
- A Broker of Record letter, in substantially the same format as shown on Schedule C, must be **SENT DIRECTLY** by mail, e-mail, or fax to the Broker Licensing and Compliance Department. We cannot guarantee your Broker of Record change unless it is sent directly to the Broker Licensing and Compliance Department. If applicable, also submit a copy of the Broker of Record letter through your General Agent.

Send all Broker of Record letters DIRECTLY TO THE BROKER LICENSING & COMPLIANCE DEPARTMENT

VIA FACSIMILE

(203) 225-3204

VIA MAIL

Health Net
One Far Mill Crossing
PO Box 904
Shelton, CT 06484

Attn: Broker Licensing & Compliance Dept.

Mail Stop: CT-900-02-52

VIA E-MAIL

BrokerAppointment@healthnet.com

(Must be scanned with signature)

- Upon receipt of the Broker of Record letter, the Broker Licensing & Compliance Department will confirm the effective date of the change via a written confirmation letter sent by mail to both the new broker and the existing broker that is being removed from the group. Broker of Record letters must be confirmed by the Broker Licensing and Compliance Department or they will not be honored. Contact the Broker Licensing and Compliance Department at 1-800-848-4747 (ext. 8600) if you have not received your confirmation within 5 days of submission.
- The **effective date of the Broker of Record** is as follows:

For **All Groups** WITHOUT a previously existing Broker:...The Broker of Record will be effective on the next policy renewal effective date of the group.

For **All Groups** WITH a previously existing Broker:.....The Broker of Record will be effective on the first day of the month AFTER the month in which the BOR was received by the Broker Licensing & Compliance Dept. *

* **ILLUSTRATION:** *The Account's premiums are due on the 1st day of each month. Assume the due date to be May 1. To change the Broker of Record, the new Broker of Record must provide written notice to Health Net no later than April 30. If the written notice were provided May 1, the effective date of the change would be June 1.*

- The previous broker will have fifteen (15) days to respond, in writing, to the Broker Licensing & Compliance Dept. (the Broker Licensing & Compliance Department or Health Net account executive will review all disputes accordingly);
- Commissions on Broker of Record letters will **NOT BE PAID RETROACTIVELY**. There will be no exceptions to this rule.
- Broker of Record changes on existing business do not count towards new business and persistency bonuses.

SCHEDULE E – BROKER TRANSFERS OF GENERAL AGENTS

General Agent -- A corporation that employs a group of individuals who sell health care and insurance products to retail brokers and direct that business to the insurance carrier. They alleviate some of the administrative duties for the insurance carrier.

Please note the following:

- Brokers requesting a transfer of their cases from one General Agent to another will be required to submit their request in writing and provide a list of their cases and include the following information: **group name, Health Net group number and effective date.**

- The **effective date of the Transfer of a General Agent** is as follows:

For **Small Groups (up to 50 lives)**

WITHOUT a previously existing General Agent:..... Block transfers or transfers of individual cases to a General Agency are not allowed if the groups were not originally written through a General Agent.

For **Middle and Large Groups (over 50 lives)**

WITHOUT a previously existing General Agent:.....The Broker of Record will be effective on the next policy renewal effective date of the group.

For **All Groups** WITH a previously existing General Agent:..... The Broker of Record will be effective on the first day of the month AFTER the month in which the BOR was received by the Broker Licensing & Compliance Dept. *

* **ILLUSTRATION:** *The Account's premiums are due on the 1st day of each month. Assume the due date to be May 1. To change the General Agent, the Broker of Record must provide written notice to Health Net no later than April 30. If the written notice were provided May 1, the effective date of the change would be June 1.*

- Broker Transfers to General Agents on existing business do not count toward new business and persistency bonuses.

FOR USE BY CORPORATIONS ONLY

Health Net is required by the Department of Insurance/Department of Banking and Insurance to appoint Agents who solicit our products and hold an active license with Accident & Health “Lines of Authority”.

PLEASE COMPLETE THE AGENT LISTING BELOW FOR THOSE AGENTS SUBMITTING BUSINESS THROUGH YOUR AGENCY.

- Please do not include any corporate license numbers on this form.
- Please list license number(s) and be sure to indicate by state, (CT, NY, NJ) in the column marked “State”.
- Provide a copy of all agent(s) license(s) listed.

If you require more space please make copies of this form.

| Agent's Name | State | Agent's License Number by State | Agent's Date of Birth (MM/DD/YY) | Agent's Social Security Number | Agent's Telephone Number (with area code) | Agent's FAX Number (with area code) | Agent's E-mail Address |
|--------------|-------|---------------------------------|----------------------------------|--------------------------------|---|-------------------------------------|------------------------|
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Get your commissions early! Enroll in Direct Deposit.

Safe, secure, and convenient.

Eliminate the loss of checks, check tracers, and snail mail.

Commission payments are generally processed on or about the 15th of the month and will be deposited directly to your account.*

Forward completed form to:

Broker Commission Department, Health Net, Inc., A202

P.O. Box 904, Shelton, CT 06484-0904

Fax: 203-225-4023

* If date falls on a weekend, payments will be deposited on the next business day.

We will continue to mail to you your monthly broker's commission statement.

A17090-SGB (Rev. 06/07)

Health Net of the Northeast, Inc., is a subsidiary of Health Net, Inc.

Health Net[®] is a registered service mark of Health Net, Inc. All rights reserved.



HEALTH NET, INC.
Direct Deposit Authorization Agreement for External Broker

I authorize HEALTH NET, INC., hereinafter called COMPANY, to make payment of any amount owing me (us) by initiating credit entries into the account and at the bank listed below. This agreement will remain until I give written notice to change financial institutions, terminate service, or until COMPANY notifies me that this service has been terminated. I hereby authorize COMPANY and the financial institution to electronically deposit any payment into my designated account and to correct my account for any amounts deposited to which I am not entitled.

NAME (no abbreviations):

BROKER ID #:

COMPANY TAX ID OR SS #:

MAILING ADDRESS:

CITY, STATE, ZIP:

PHONE #:

SIGNATURE: _____ **DATE:** _____

INSTRUCTIONS FOR DIRECT DEPOSIT

Fill in complete banking information where indicated. If routing number is unknown, please contact your bank.
Without the Routing Number, the automatic deposit cannot be processed.

CHECK ONE: **New Direct Deposit with A/P** **Change Existing Deposit with A/P**

BANK NAME:

ROUTING #: **ACCOUNT #:**

ACCOUNT TYPE: **Checking (Attach copy of voided check)** **Savings**

Please Note: It takes approximately 2 weeks to implement an automatic deposit. If you transfer to a new Bank, or if you change accounts, your automatic deposit may be interrupted.

Forward completed form to:
Broker Commission Department, Health Net, Inc., A202
P.O. Box 904, Shelton, CT 06484-0904
Fax: 203-225-4023

CHECK ONE: **Health Net of NE (Small Group)** **Health Net of NE (Large Group)** **Health Net of AZ**

If you have any questions regarding this process, please contact the Health Net Broker Commissions Department:
For Health Net of the Northeast: Small Groups (up to 50 lives): 1-800-384-1878 / For Health Net of AZ: 1-800-409-6565
For Health Net of the Northeast: Large Groups (over 50 lives): 1-800-848-4747, Ext. 8685 or Ext. 8953