

# 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:	

### Dental

<input type="checkbox"/> Voluntary <input type="checkbox"/> Employer-paid <sup>1</sup>	<b>Dental (DHMO)</b> <input type="checkbox"/> HN Plus 150 <input type="checkbox"/> HN Plus 225	<b>Dental (DPPO)</b> <input type="checkbox"/> Classic 4 1500 <input type="checkbox"/> Classic 5 1500 (w/ortho) <input type="checkbox"/> Classic 7 Unlimited <input type="checkbox"/> Classic 11 Unlimited (w/ortho)	<input type="checkbox"/> Essential 2 1000 <input type="checkbox"/> Essential 5 1500 (w/ortho) <input type="checkbox"/> Essential 6 1500	<input type="checkbox"/> Essential 10 3000 (w/ortho & implant) <input type="checkbox"/> Essential 11 5000 (w/ortho & implant)
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### Vision

<input type="checkbox"/> Voluntary <input type="checkbox"/> Employer-paid <sup>1</sup>	<input type="checkbox"/> Elite 1010-1 <input type="checkbox"/> Supreme 010-2	<input type="checkbox"/> Preferred 1025-2 <input type="checkbox"/> Preferred 1025-3	<input type="checkbox"/> Preferred Value 10-3 <input type="checkbox"/> Plus 20-1	<input type="checkbox"/> Exam only
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### Life and AD&D options (If Health Net Life is selected, all full-time employees are eligible.)

<input type="checkbox"/> \$15,000 (2-100 employees)	<input type="checkbox"/> \$25,000 (15-100 employees)	<input type="checkbox"/> \$50,000 (25-100 employees)
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### 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 employees enrolling with Health Net (including enrolling owners):			
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 Agency:		

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.

<sup>1</sup>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.

Life/AD&D insurance plans are underwritten by Health Net Life Insurance Company. Vision plans, other than pediatric vision, are underwritten by Health Net Life Insurance Company and administered by EyeMed Vision Care, LLC. Health Net Dental HMO and PPO plans, other than pediatric dental, are offered and serviced by Dental Benefit Providers of California, Inc. (DBP). Obligations of DBP are neither the obligations of, nor guaranteed by, Health Net, LLC or its affiliates. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC and Centene Corporation. Health Net and Salud con Health Net are registered service marks of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.