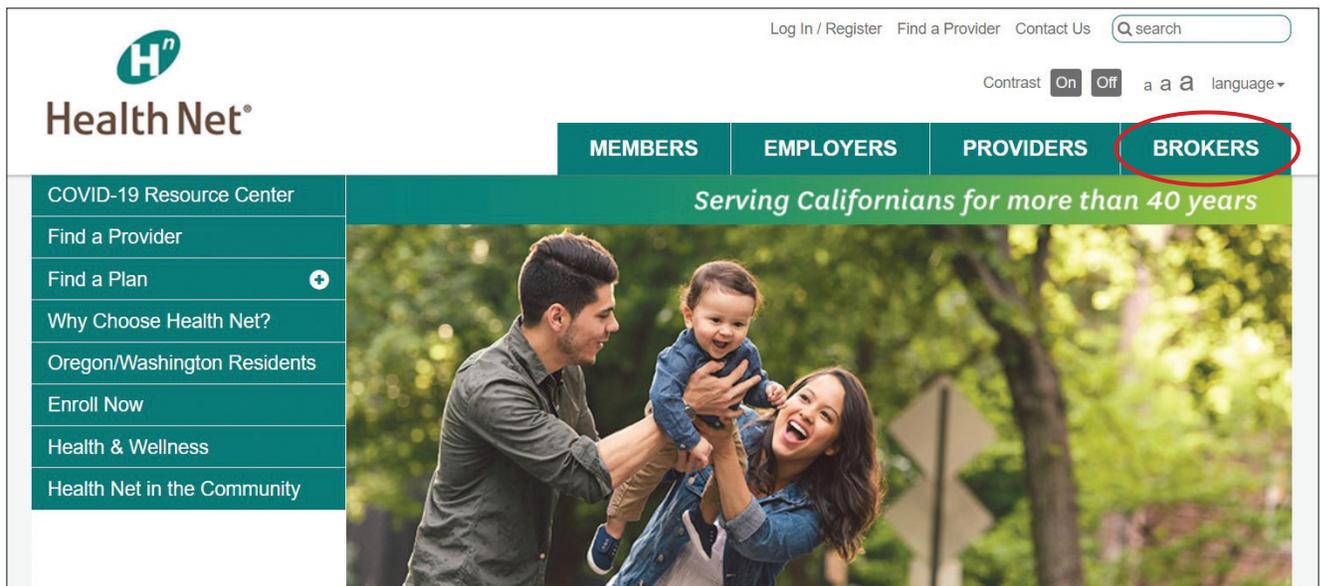


New Online EFT Setup

USE THESE STEP-BY-STEP BROKER INSTRUCTIONS TO SET UP OR CHANGE YOUR ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION.

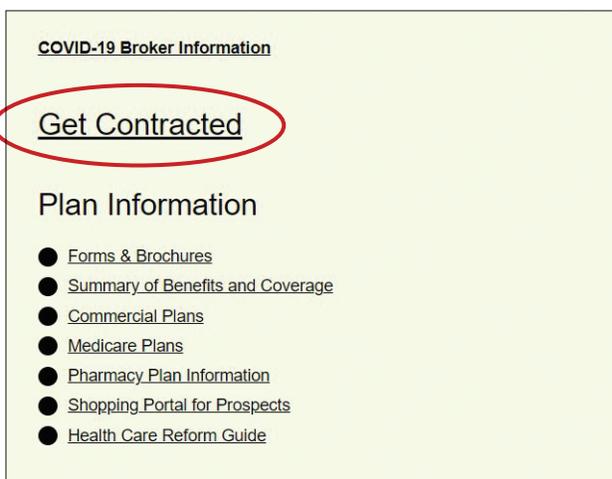
1 Go to the www.healthnet.com home page.

Click on the *Brokers* tab.



2 On the Commercial Plan Brokers page:

Select *Get Contracted*.



(continued)

Commercial Brokers

We invite you to represent Health Net for your Individual & Family and Employer Group business. With Health Net products, you have a vast portfolio of quality benefit offerings to present to your clients – big and small.

Commercial contracts

Start a new online Contracting Account with Health Net

[Broker Contracting Account User Guide \(PDF\)](#)

Create a Health Net Contract Account

Log in page, after Broker Contracting Account is created.

Broker Contracting Account Log In

Note:

If you have **not registered** you will select **Create a Health Net Contract Account.**

If you have **registered** you will select **Broker Contracting Account Log In**

3

Create your login by filling in the registration form and click *Submit*.

For a non-registered Broker, create your login by filling in the registration form and click **Submit**. Then they can log in. **Note:** The “Domain” is always HLTH.

1 Your Login Data

* Login Name:

* Password

* Confirm

2 Your Personal Information

* First Name

Middle Name

* Last Name

* Email

Telephone

3 Security checking

Try New Code



Submit

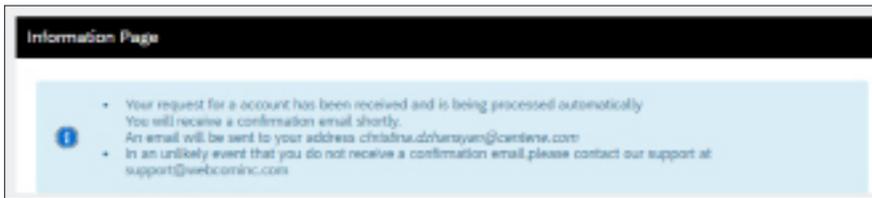
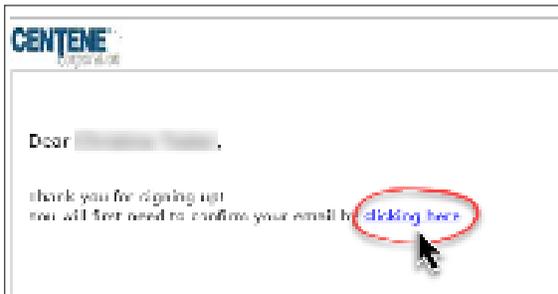
Information Page

Thank you for registering.

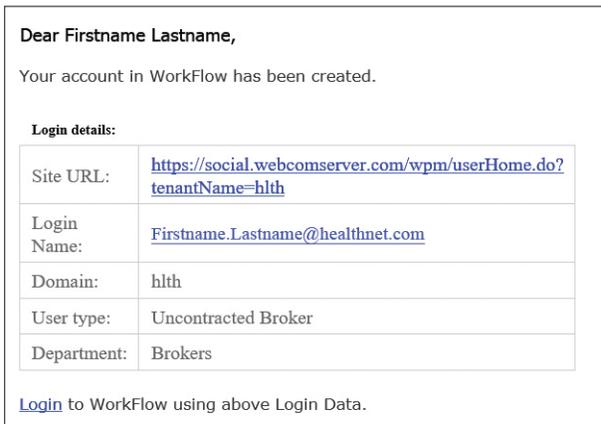
You will receive an email with detailed instructions for your free account of Webcom WorkFlow.

4 You will receive an email with instructions to confirm your information.

- Click on the link provided.
- Review your information and click *Confirm*.

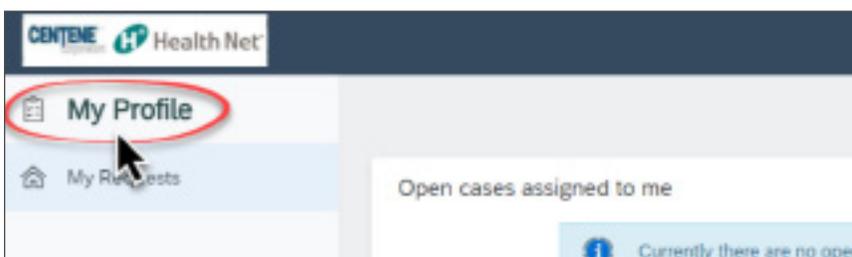


5 Once your information has been confirmed, you will receive an email that states you are now registered and your login information.



6 Once you have received your login information, use it to log in.

- Go to the log in page at <https://social.webcomserver.com/wpm/index.jsp?tenantName=hlth>.
- Click on *My Profile*. **Note:** You will need to choose your contract type and enter your Tax ID or SSN to proceed. This validation step only needs to be completed once.
- Then, locate the request tiles and select *EFT Validation*.



(continued)

7 Fill in the EFT form to proceed and click on *Submit*.

- A** Mark the box *I Agree* for the use of electronic signatures.
- B** Mark the box for the request type you are making.
- C** Enter the bank name.
- D** Select the account type.
- E** Enter the routing number.
- F** Enter the account number.
- G** Broker Name (Your name will be auto populated here).
- H** Enter your Broker ID (if applicable).
- I** SSN/TIN (Your SSN or Tax ID will be auto populated here).
- J** Enter your email address.
- K** Enter your mailing address (needs to match what is already on file).
- L** Mailing address city.
- M** Mailing address state.
- N** Mailing address ZIP.
- O** Enter your contact name.
- P** Type your full name as your signature.
- Q** Enter your title (should be owner, president or VP).
- R** Enter your phone number.
- S** Enter the date (click on calendar to select date).

EFT Validation

Upon selecting the checkbox, you agree to the use of electronic signatures when signing any document in this application. A unique public and private key will be stored for your signature and will be used on any official documents that require your signature. This signature will be a representation of you and will be treated as such. *

I Agree **A**

Please note new EFT requests may take 1-2 commission cycles before they become active



Health Net

I authorize Health Net of Arizona, Inc., Health Net of California, Inc., Health Net Health Plan of Oregon, Inc. and/or Health Net Life Insurance Company, hereinafter called the 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 the Company notifies me that this service has been terminated. I hereby authorize the 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.

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 AP **B** Change existing deposit with AP

Bank Name: *

Account Type: * Routing #:

Account #: *

Broker name (as it appears on license): *

SSN/TIN:

Broker ID #:

Email Address: *

Mailing Address: *

City: *

State: *

Zip: *

Contact Name: *

Signature (owner or agent): *

Title: *

Phone #:

Date: *

(continued)



Once the EFT request has been processed, the broker will receive a confirmation email.

Have questions? We're here to help!

If you need assistance with any of the instructions provided, please feel free to contact our Health Net Broker Services Department!



800-909-3447 (Option 1)



brokers@healthnet.com