



Taxpayer Identification

and Worldwide Employee Count Verification Form

Please provide your TIN and/or your total number of employees.

Health Net must collect this information to comply with many different regulations, including the Medicare Secondary Payer Act and Health Care Reform. If the information Health Net has on file for you is correct, you do not need to complete this form.

Policyholder (or company) name:
Group/Parent ID or policyholder number:
Taxpayer identification number (TIN):
Total worldwide employees (includes full-time, part-time, leased, seasonal, etc. Refer to 42 C.F.R. 411.101 for more information):
As of effective date:

Signature of representative:	Print name of representative:	Date:
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You, the employer, are responsible for notifying Health Net of any changes occurring during the course of a calendar year that could impact your employer size determination related to Medicare Secondary Payer or Health Care Reform.

Please fax this form back to (818) 676-7411.