



Health Net®

Open Enrollment Meeting Request Form

Begin scheduling your Open Enrollment meetings today!

Health Net appreciates your business, and we want to encourage you to start scheduling your Open Enrollment (OE) meetings now! Advantages of being proactive and scheduling OE meetings in advance are numerous, and include:

- Guaranteed date availability.
- Having OE kits available on time.
- Avoiding scheduling challenges, such as employees on vacation.
- Ensuring the opportunity for group administrators to have one-on-one training on our website.

Health Net account manager:		Broker name/ID:		Broker phone #:	
Employer group name:				Renewal month:	
Will your agency be present at the OE meeting(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you require Health Net to provide OE kits? <input type="checkbox"/> Yes, mail to employer (# of kits): _____ <input type="checkbox"/> Yes, mail to broker (# of kits): _____ <input type="checkbox"/> No, kits will not be needed.	Will rates be present the day of the OE meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Topics you would like the OE specialist to discuss: <input type="checkbox"/> OE meeting <input type="checkbox"/> Health fair <input type="checkbox"/> Renewal/Strategic meeting		
Language preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish					

Open enrollment location

Location name:		Group contact:		Phone #:	
Parking instructions:					
Street:		City:		State:	ZIP:

Date/Time and duration of OE meeting

Preferred date:	Start time: <input type="checkbox"/> AM <input type="checkbox"/> PM	End time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Preferred date:	Start time: <input type="checkbox"/> AM <input type="checkbox"/> PM	End time: <input type="checkbox"/> AM <input type="checkbox"/> PM

To get a head start on the OE season, please return this completed form to your dedicated account manager via email or fax at 1-800-303-3110.

For Health Net Use Only

Probationary period (FOMF): Date of hire 1 mo. 30 days 60 days

Grandfathered: Yes No

Large to SBG transfer: Yes No

Dental: Yes No

Chiropractic: Yes No

Infertility: Yes No

Vision: Yes No

Current plans:

Renewing plans:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes:
