

Member's name	Member's SSN or reference ID #	Group #	Primary care physician's provider ID # ²	PPO								EnhancedCare PPO					
				Platinum 90 PPO 0/15 + Child Dental	Gold 80 PPO 0/25 + Child Dental	Health Net Gold 80 Value PPO 750/10 + Child Dental /Alt	Silver 70 PPO 2000/45 + Child Dental	Health Net Silver 70 Value PPO 1700/30 + Child Dental /Alt	Health Net Silver 70 HDHP 1350/40 EnhancedCare PPO + Child Dental /Alt	Bronze 60 PPO 6300/75 + Child Dental	Health Net Bronze 60 HDHP 5600/15 PPO + Child Dental /Alt	EnhancedCare PPO Gold Value	EnhancedCare PPO Silver Value	Health Net Silver 70 HDHP 1350/40 EnhancedCare PPO + Child Dental /Alt	Health Net Bronze 60 HDHP 5600/15 EnhancedCare PPO + Child Dental /Alt		

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				Platinum 90 HSP 0/15	Gold 80 HSP 0/25	Silver 70 HSP 2000/45	Bronze 60 HSP 6300/75

¹The Chiropractic Rider Benefit is not an option for PPO and EnhancedCare PPO plans. Some of these plans have this benefit embedded already. See benefit materials for more information.

²Selecting a primary care physician is not required on PPO or EPO plans.

Note: You must provide the *Summary of Benefits and Coverage* (SBC) to each individual listed on this form before the individual makes the plan choice and PRIOR TO SUBMITTING THIS FORM TO HEALTH NET. To download and print an SBC, go to www.healthnet.com/sbc. Or, please contact your Health Net account manager to obtain a copy.

As an owner or officer of stated company, I hereby authorize the above changes to our Health Net Group medical coverage. I have informed the employees listed above that the enrollment terms of the Health Net form they completed previously at enrollment are still in force and a copy is available upon request.

Printed name	Signature	Date