



Health Net®

Small Business Group (10+)

Participation Attestation

For groups enrolling 10–100 subscribers onto EnhancedCare PPO Choice as part of the No DE9C Promotion effective 7/1/18–12/15/18. Find out how to take advantage of this offer today by contacting your dedicated Health Net Broker or Account Executive/Manager.

1. General Information	
Company Name	DBA
Principal Business Address	
Requested Effective Date	Phone number
2. Participation Calculation	
1	Number of eligible (full time) employees
2	Number of eligible (full time) employees with a valid waiver reason
3	Subtract line 2 from line 1. This is your total eligible count .
4	Number of employees enrolling in Health Net group medical policy
5	Divide line 4 by line 3. This is your participation percentage . %
3. Important Information	
<p>Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) reserves the right to review the applicant’s payroll/wage & tax records at any time to confirm eligibility. Health Net may request the group applicant’s most recent wage & tax payroll records. The group applicant agrees to furnish Health Net with all information and documentation which may be reasonably required with regard to eligibility for coverage.</p>	
4. Employer Group Signature	
<p>By signing this form, I hereby certify, as a condition of eligibility, that the Group is in compliance with the minimum participation requirements as expressed in the group policy. Health Net reserves the right to request and review payroll or other documentation confirming compliance. I represent that the information I have provided is accurate and truthful. I understand that any misrepresentation or fraudulent statement may result in rescission of the group policy, termination of coverage, and increase in premiums retroactive to the policy date, or other consequences as permitted by law.</p>	
Name (print)	Title (print)
Authorized Signature	Date