



Ancillary Add-On or Change Form

For 2-100 Employees

Complete this form to add or change dental, vision, and/or life and AD&D coverage in conjunction with an existing medical plan. Complete the Employee Enrollment and Change form to add any new enrollees or dependents. **Note:** All medical plans include pediatric dental and pediatric vision coverage until the last day of the month in which the individual turns 19. For off-cycle dental/vision plan additions, your renewal date will be coordinated with your medical plan renewal date.

| Employer group information | | | |
|--|--------|--|--|
| Company Name: | | Group #: | SIC code: |
| Tax ID number (TIN): | | Effective date: | |
| Dental | | | |
| <input type="checkbox"/> Voluntary <input type="checkbox"/> Employer-paid <input type="checkbox"/> Bundled Rate ¹ | | Dental (DHMO) <input type="checkbox"/> HN Plus 150 <input type="checkbox"/> HN Plus 225 | Dental (DPPO) <input type="checkbox"/> Classic 4 1500 <input type="checkbox"/> Classic 5 1500 (w/ortho) <input type="checkbox"/> Essential 2 1000 <input type="checkbox"/> Essential 5 1500 (w/ortho) <input type="checkbox"/> Essential 6 1500 |
| Vision | | | |
| <input type="checkbox"/> Voluntary <input type="checkbox"/> Employer-paid <input type="checkbox"/> Bundled Rate ¹ | | <input type="checkbox"/> Elite 1010-1 <input type="checkbox"/> Supreme 010-2 | <input type="checkbox"/> Preferred 1025-2 <input type="checkbox"/> Preferred 1025-3 <input type="checkbox"/> Preferred Value 10-3 <input type="checkbox"/> Plus 20-1 <input type="checkbox"/> Exam only |
| Life and AD&D options (If Health Net Life is selected, all full-time employees are eligible.) | | | |
| <input type="checkbox"/> \$15,000 (2-100 employees) <input type="checkbox"/> \$25,000 (15-100 employees) <input type="checkbox"/> \$50,000 (25-100 employees) | | | |
| Employer contribution | | | |
| Employee Dental: _____% | | Employee Vision: _____% | Employee Life: _____% |
| Dependent Dental: _____% | | Dependent Vision: _____% | |
| Eligibility information | | | |
| | DENTAL | VISION | LIFE |
| Number of eligible employees (including eligible owner(s)): | | | |
| Total number of Health Net enrollees (excluding COBRA enrollees): | | | |
| Number of Health Net COBRA enrollees (applying for ancillary coverage): | | | |
| Number of waivers: | | | |
| I hereby authorize these changes to the Group Service Agreement (GSA) and/or Group Policy, and agree that, except as expressly modified by this form, all terms, limitations and conditions of the GSA and/or Group Policy remain in effect. | | | |
| Officer of the company signature: | | Officer title: | Date: |
| Broker name: | | Broker company: | |
| Broker ID/NPN: | | Broker address: | |
| Broker signature: | | General Agency: | |

Applicant's signature above confirms to the best of their knowledge or belief the accuracy and completeness of the information that the applicant has entered in this application.

¹Groups adding new dental with new vision and/or life may be eligible to receive an additional 5% premium savings on each of the ancillary lines they add. Groups must qualify for employer paid rates on all selected products.

Health Net PPO Vision plans, other than pediatric vision, are underwritten by Health Net Life Insurance Company and serviced by EyeMed Vision Care, LLC ("EyeMed") and Envolve Vision, Inc. Health Net Dental HMO plans, other than pediatric dental, are offered and administered by Dental Benefit Providers of California, Inc. (DBP). Health Net Dental PPO insurance plans for adults are underwritten by Unimerica Life Insurance Company. Obligations of DBP and Unimerica Life Insurance Company are not the obligations of, nor guaranteed by, Health Net, LLC. or its affiliates. Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC. Health Net is a registered service mark of Health Net, LLC. All rights reserved.