Please fill out the entire enrollment form. It cannot be processed without all shaded information.

I elect to continue group coverage as provided under federal law. The qualifying event was:

- [ ] Termination of employment
- [ ] Child no longer eligible
- [ ] Death of subscriber
- [ ] Reduction of hours worked
- [ ] Divorce / separation from subscriber
- [ ] Disability

This authorization to obtain and release medical information is being requested of you to comply with the terms of the Confidentiality of Medical Information Act, effective January 1, 1980, Section 56 et seq. of the California Civil Code. Your cooperation is appreciated.

Medical Group and Primary Care Physician must be indicated. Eligible members must receive all medical care through the selected medical group and reside within the geographical service area to assure reasonable access to care.

Please list eligible members to be enrolled. Members must reside within the geographical service area established by Health Net to assure reasonable access to care. Please note that an incorrect date of birth may result in delay or nonpayment of claims.

1. Select medical group for each family member. Indicate name and number of medical group.
2. If the medical group you’ve selected has an “X” after the number (e.g., IPA 135X), be sure to indicate a Primary Care Physician for yourself and for each family member enrolling in that group.

Other Health Insurance: Are you or have you and/or any of your eligible family members been covered by other medical coverage within the last six months? [ ] Yes [ ] No If yes, complete the section below. Please list all current or prior medical coverage. Failure to provide complete information may result in significant delay of claims processing. (Attach additional sheets if necessary)

Health Net Coverage For Emergency Services

Emergency Care is any otherwise covered medical service you receive which meets the following conditions: The service is due to an injury or a sudden and unexpected illness of sufficient severity, including severe pain and active labor, that, if you do not receive immediate treatment, it presents a serious threat to your health, could seriously impair your physical functions, or could cause a serious dysfunction of any organ or body part.

Urgently Needed Care is any otherwise covered medical service you receive for treatment of an injury or unexpected illness and is required immediately to prevent the serious deterioration of your health, when contacting your PMG or returning to your PMG’s Service Area would cause a delay in treatment.

HMO, SELECT, ELECT Member

EMERGENCY CARE
In the event of an Emergency or Urgently Needed Services, immediately telephone your Medical Group and follow instructions given. If it is not possible to notify the PMG before receiving care notify your PMG as soon as possible after receiving care.

In an Emergency, if you are outside of the Participating Medical Group Service Area (more than 30 miles from your Medical Group), go directly to the nearest hospital emergency room for treatment and notify your Medical Group.

PPO, Flex Net

EMERGENCY CARE
If you require Emergency Services, please call the appropriate number before receiving care, or within 48 hours.

Health Net Treatment Review:

OPTIONS 1-800-774-4776
FLEX NET 1-800-762-2003