



FROM | Health Net®

Health Net of Arizona, Inc.
1230 W Washington, MS AZ-900-04-02
Tempe, AZ 85281

Please add the following broker to my account.

PLEASE TYPE OR PRINT LEGIBLY

Broker information:

Broker Health Net ID #: _____

Broker phone number: _____

National Product Number (NPN): _____

Member information:

Member's first and last name: _____

Parent/guardian name if member is under the age of 18: _____

Member phone number: _____

Last 4 digits of member's SSN or Health Net ID #: _____

Approximate application submission date: _____

- Adding a broker will be allowed within 15 days of the receipt of the enrollment information to Health Net of Arizona, Inc. The effective date of the broker assignment will be the same effective date as the policy's effective date.
- This form is not intended for a Broker of Record Change

By signing this form, I am authorizing Health Net of Arizona, Inc. to add the above listed broker to my Health Net account strictly for the purposes listed below:

This form does allow the broker to have access to Member's basic demographics and general benefits and eligibility information.

This form does not provide authorization for the broker to have access to claims, release of provider information specific to the member, change providers on behalf of the member, or release of the member's Subscriber ID number.

Member/parent/guardian signature

Date

Broker:

By signing this form, I am agreeing to fulfill my responsibilities per my signed Broker Agreement:

Broker signature

Date

Please FAX this completed form to Health Net Sales at 800-677-5158 or scan and email the form to EliteBroker@healthnet.com.