

# **Enrolling is Simple. Just Follow These 3 Easy Steps...**

## **Step 1**

**COMPLETE THE APPLICATION IN BLUE OR BLACK INK.** Be sure you follow the instructions on the application carefully. We have tried to make the instructions easy to follow. If you have any questions, or you are not sure how to answer a question, simply contact our health insurance department at:  
at: Fax:

## **Step 2**

**SELECT THE TYPE OF BILLING YOU WANT – Monthly.**

## **Step 3**

**SEND THE COMPLETED APPLICATION TO:**

**Please make your check payable to: Health Net**

**We will be in contact with you upon receipt of your completed application. We will also keep you advised of the underwriting status.**

**If you have questions please contact our office at:**

Thank you for choosing...





1. You do not need more than one Medicare supplement policy.
2. If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
3. You may be eligible for benefits under Medi-Cal and may not need a Medicare supplement policy.
4. The benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medi-Cal for 24 months. You must request this suspension within 90 days of becoming eligible for Medi-Cal. If you are no longer entitled to Medi-Cal, your policy will be reinstated if requested within 90 days of losing Medi-Cal eligibility.
5. Counseling services are available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the Medi-Cal program, including benefits as a qualified Medicare beneficiary (QMB) and a specified low-income Medicare beneficiary (SLMB). If you want to discuss buying Medicare supplement insurance with a trained insurance counselor, call the California Department of Insurance's toll-free telephone number 1-800-927-HELP, and ask how to contact your local Health Insurance Counseling and Advocacy Program (HICAP) office. HICAP is a service provided free of charge by the State of California

A rate guide is available that compares the policies sold by different insurers. You can obtain a copy of this rate guide by calling the Department of Insurance's consumer toll-free telephone number (1-800-927-HELP), by calling the Health Insurance Counseling and Advocacy Program (HICAP) toll-free number (1-800-434-0222), or by accessing the Department of Insurance's Internet web site ([www.insurance.ca.gov](http://www.insurance.ca.gov)).

I have read or have had read to me this Application and Statement of Health and realize that any false statement or misrepresentation herein will be cause for disenrollment. I declare to the best of my knowledge and belief that all the information provided herein is complete and true. I understand that in the event a controversy between myself and Health Net, which arises out of or related to coverage under this Policy, but not as to professional negligence (medical malpractice), the same shall be settled by neutral, binding arbitration. I acknowledge receipt of the attached iGuide to Health Insurance for People with Medicare and iHealth Net Life Medicare Supplement Outline of Coverage. I understand that Health Net's receipt of my money or cashing of my check with this application does not create Health Net coverage. Coverage will come in effect only if this application is approved by Health Net and written notice of same is provided to me.

#### **AUTHORIZATION TO OBTAIN OR RELEASE MEDICAL INFORMATION**

I authorize the United States Department of Health and Human Services, the Health Care Financing Administration, any health care provider, hospital or medical facility to furnish to any agent, designee, employee or representative of Health Net any and all records pertaining to claims payment or rejections, medical history, services rendered, or treatment given to myself for purposes of review, investigation or evaluation of this application or a claim. I also authorize Health Net and its employees, participating providers, agents and representatives to disclose to any health care provider, health care service plan, insurer or self-insurer any such medical information obtained if such disclosure is necessary to allow the processing of a claim or if requested pursuant to legal process. This authorization shall become effective immediately and shall remain in effect as long as is necessary to allow the processing of any claim or to comply with legal process.

Mail to:

**QUESTIONS ABOUT MEDICARE?** For answers to questions about our Medicare plan, call our Medicare Sales Department at