



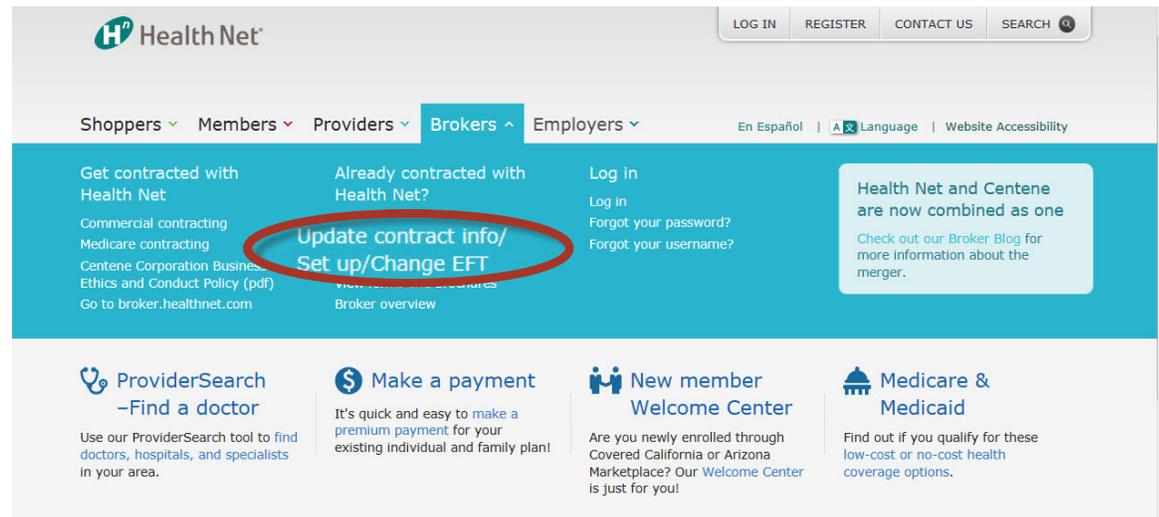
New Online EFT Set-Up

Use these step-by-step broker instructions to set up or change your EFT.

Pam White
Health Net

Step 1: Go to the www.healthnet.com home page.

- Select the *Brokers* tab.
- Select *Update contract info/Set up/Change EFT*.



Step 2: On the Commercial Plan Brokers page:

- Select *Create a Health Net Contract Account*.

Note: If you have already created a contracting account, select *Broker Contracting Account Log In* and skip to Step 6.

Self-service contract management portal

Both *new and existing* brokers need to create a contract account using our Broker Self Service Web Tool.

Start a new online Contracting Account with Health Net

[Broker Contracting Account User Guide \(pdf\)](#)

[CREATE A HEALTH NET CONTRACT ACCOUNT](#)

Log in page, after Broker Contracting Account is created.

[BROKER CONTRACTING ACCOUNT LOG IN](#)

Step 3: Create your login.



- Please fill out the registration form and get FREE account of WorkFlow
- If you already have account please [login here](#)

1Your Login Data

* Login Name:

* Password

* Confirm

2Your Personal Information

* First Name

Middle Name

* Last Name

* Email

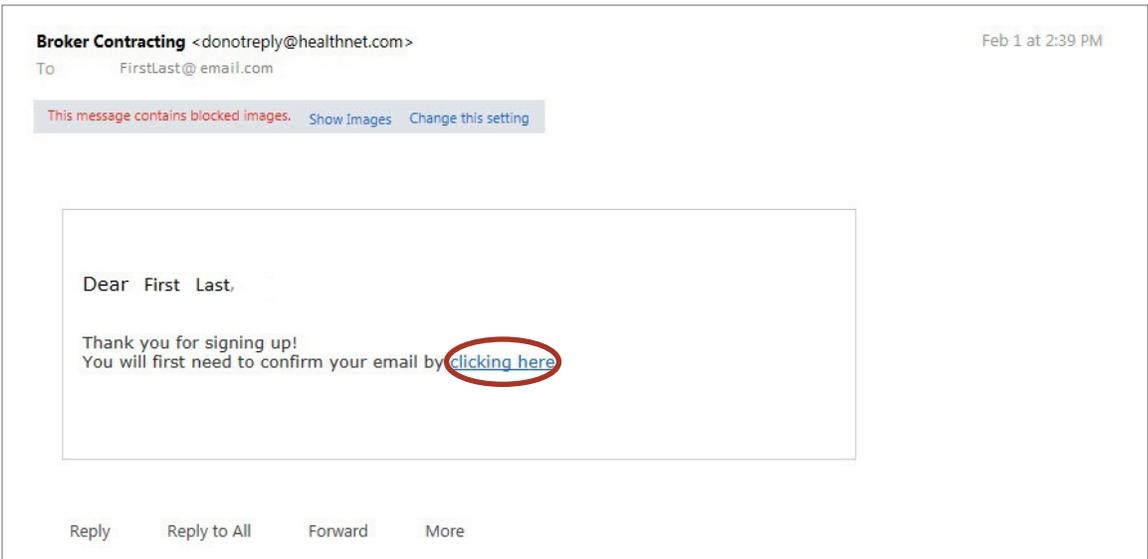
Telephone

3Security checking



* I have read and agreed to the [Subscription Agreement](#)

Step 4: You will receive an email with instructions to confirm your information.



The image shows a web form for account confirmation. At the top, there is a light blue banner with an information icon and the text "Please confirm your account data". Below this, the form is divided into two sections: "1 Your Login Data" and "2 Your Personal Information".

1 Your Login Data

* Login Name:

2 Your Personal Information

* First Name:

Middle Name:

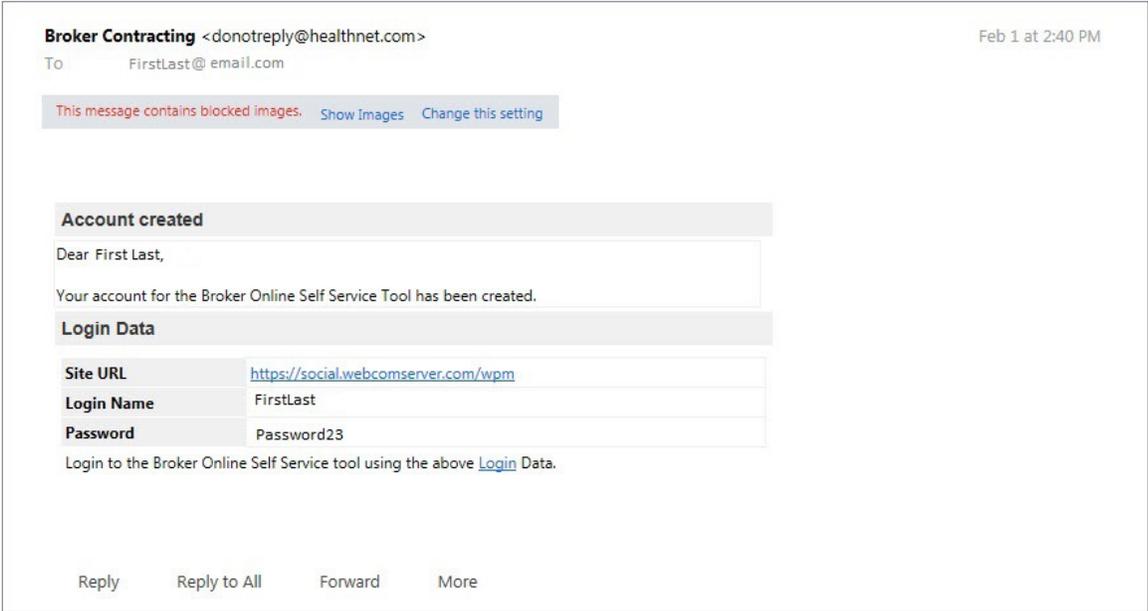
* Last Name:

* Email:

Telephone:

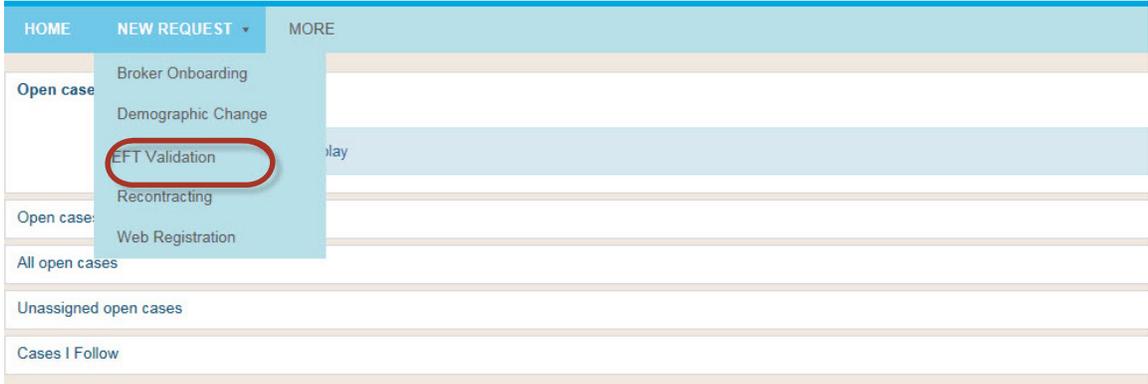
At the bottom of the form, there is a "Confirm" button, which is circled in red.

Step 5: Once your information has been confirmed, you will receive an email stating you are now registered.



Step 6: Once you have received your login information, use it to log in.

- Click on *New Request*.
- Select *EFT Validation*.



Step 7a: The EFT window will open.

- A. Mark the box *I Agree* for the use of electronic signatures.
- B. Enter broker name as is appears on your license.
- C. Enter payee tax ID (TIN/SSN as appointed with HN).
- D. Enter broker ID #.
- E. Enter email address.
- F. Enter mailing address (needs to match what is already on file).
- G. Enter contact name.
- H. Enter signature.
- I. Enter phone #.
- J. Enter date (click on calendar to select date).
- K. Enter title (should be owner, president or VP).

EFT Validation

Upon selecting the checkbox, you agree to the use of electronic signatures when signing any document in this application. A unique public and private key will be stored for your signature and will be used on any official documents that require your signature. This signature will be a representation of you and will be treated as such.*

I Agree

 **Health Net[®]**

I authorize Health Net of Arizona, Inc., Health Net of California, Inc., Health Net Health Plan of Oregon, Inc. and/or Health Net Life Insurance Company, hereinafter called the Company, to make payment of any amount owing me (us) by initiating credit entries into the account and at the bank listed below. This agreement will remain until I give written notice to change financial institutions, terminate service, or until the Company notifies me that this service has been terminated. I hereby authorize the Company and the financial institution to electronically deposit any payment into my designated account and to correct my account for any amounts deposited to which I am not entitled.

Broker name(as it appears on license): *	<input type="text" value="First Last"/>	B	Broker ID #	<input type="text" value="AA000"/>	D
Payee Tax ID: *	<input type="text" value="123456789"/>	C	Email Address: *	<input type="text" value="FirstLast@email.com"/>	E
Mailing Address: *	<input type="text" value="123 Main St"/>	F			
City: *	<input type="text" value="Anytown"/>				
State: *	<input type="text" value="CA"/>				
Zip: *	<input type="text" value="12345"/>				
Contact Name: *	<input type="text" value="First Last"/>	G	Phone #: *	<input type="text" value="8185551234"/>	I
Signature(owner or agent): *	<input type="text" value="First Last"/>	H	Date: *	<input type="text" value="03/01/2017"/>	J
Title: *	<input type="text" value="Owner"/>	K			

Instructions for direct deposit

Fill in complete banking information where indicated. If routing number is unknown, please contact your bank. Without the routing number, the automatic deposit cannot be processed.

Check One: * New direct deposit with AP Change existing deposit with AP

Bank Name: *

Account Type: * --select-- Routing #: * Account #: *

Notifications ▾

- Step 7b:** L. Check *New* or *Change*.
 M. Enter bank name.
 N. Select account type in drop-down.
 O. Enter routing # (must be 9 digits).
 P. Enter account #.
 Q. Hit *Submit*.

EFT Validation

Upon selecting the checkbox, you agree to the use of electronic signatures when signing any document in this application. A unique public and private key will be stored for your signature and will be used on any official documents that require your signature. This signature will be a representation of you and will be treated as such.*

I Agree



I authorize Health Net of Arizona, Inc., Health Net of California, Inc., Health Net Health Plan of Oregon, Inc. and/or Health Net Life Insurance Company, hereinafter called the Company, to make payment of any amount owing me (us) by initiating credit entries into the account and at the bank listed below. This agreement will remain until I give written notice to change financial institutions, terminate service, or until the Company notifies me that this service has been terminated. I hereby authorize the Company and the financial institution to electronically deposit any payment into my designated account and to correct my account for any amounts deposited to which I am not entitled.

Broker name(as it appears on license): *	<input type="text" value="First Last"/>	Broker ID #	<input type="text" value="AA000"/>
Payee Tax ID: *	<input type="text" value="123456789"/>	Email Address: *	<input type="text" value="FirstLast@email.com"/>
Mailing Address: *	<input type="text" value="123 Main St"/>		
City: *	<input type="text" value="Anytown"/>		
State: *	<input type="text" value="CA"/>		
Zip: *	<input type="text" value="12345"/>		
Contact Name: *	<input type="text" value="First Last"/>	Phone #:	<input type="text" value="8185551234"/>
Signature(owner or agent): *	<input type="text" value="First Last"/>	Date: *	<input type="text" value="03/01/2017"/>
Title: *	<input type="text" value="Owner"/>		

Instructions for direct deposit

Fill in complete banking information where indicated. If routing number is unknown, please contact your bank. Without the routing number, the automatic deposit cannot be processed.

L Check One: * New direct deposit with AP Change existing deposit with AP

M Bank Name: *

Account Type: * --select-- **N** Routing #: * **O** Account #: * **P**

Notifications ▾

Q

Step 8: Once submitted, the broker will receive a confirmation email.