



# Enhanced Choice/CommunityCare Request Form

This form is used to enroll or renew employees into Health Net’s Enhanced Choice coverage or to renew an existing Health Net PPO group into Health Net’s CommunityCare. To enroll or renew employees into Health Net’s Enhanced Choice coverage, list employee’s name, subscriber ID and plan choice. For new groups, please enter the employee’s Social Security number in the subscriber ID field. Choices should be considered carefully, as employees will not be allowed to switch plans until your next annual open enrollment period. We will accept other formats of this report, such as an Excel spreadsheet.

Group number(s):	Group name:	Group contact:
Contact phone:	Contact fax:	Contact email address:
Agent printed name:	Agent signature:	Date:

**This report will contain protected health information (PHI), such as names and Social Security numbers. Please fax completed forms to your Agent or Health Net Sales at 1-855-607-0977. Should you choose to email the form, please send via an encrypted secure email.**

**Important note:** If an employee is making any change to enrollment, such as adding a spouse/dependent or waiving an already enrolled spouse/dependent, a new enrollment change form needs to be submitted along with this form.

Member’s name	Member’s SSN or Reference ID	Plan choice	Primary care provider (PCP) <sup>1</sup> (For CommunityCare use only)	Plan suffix (HN use only)