



Health Net®

NEW JERSEY HEALTHCARE SOLUTIONS
New Case Submission Checklist

General Information

Contact Info: _____ Date Submitted: _____
Group Name: _____ Effective Date: _____
Group Email Address: _____
Group Contact Information: _____

Agent Information

Submitted by: _____ Phone: _____ Ext: _____
Agent/Agency: _____ General Agency: _____
Contact: _____ GA #: _____
Address: _____ Licensed in the following states:
Email: _____ [] CT [] NY [] NJ
Fax: _____

Coverages: (please check all that apply)

Outlook Charter
[] HMO [] POS [] HSA [] PPO [] HMO [] POS

Policy Holder Documentation Needed

- Fully completed Master Application
Quoted Rates and Census Used
Fully completed Member Enrollment forms and Waivers for each employee waiving coverage, Full-Time Student Verification forms, if applicable (Waivers should include Employee Name, Social Security Number, Signature and Reason for Waiving Coverage.)
If applicable, HSA Employer & Employee Enrollment Forms, HSA HIPAA Release Form, and copy of prior Carrier Invoice and/or Attestation Form for plans with Pre-existing Condition Clause.
All applicable state forms (list below)
Deposit check (make checks payable to Health Net, Inc.)

Applicable State Forms

Table with 2 columns: State (NJ) and Description (For groups with 6-50 employees, a NJ State Certification document is required. For groups with 2-5 employees, a NJ State Certification document and a current WR-30 is required. If not available, a Spousal Business Statement, payroll records or W-4 with a letter from the accountant may be submitted. In addition, K-1 or Schedule C Earnings for partners and proprietors along with copies of Incorporation papers will be accepted. For requests to cover dependents up to age 30, a Health Net HINT Supplemental Enrollment Information Form is required.)

Submission Deadline:

Effective Dates may be the first or fifteenth of the month only. All required paperwork must be received by Health Net at least 15 days prior to requested effective date. For submissions after the 15th of the month, please include a Late Case Submission Form.

Additional Information:

Please complete below if the following individual(s) is different from the contact person listed above:

VIP Correspondent: _____ Email: _____
Title: _____ Phone: _____
Billing Correspondent: _____ Email: _____
Title: _____ Phone: _____
Benefit Correspondent: _____ Email: _____
Title: _____ Phone: _____

Submission Instructions

Completed paperwork, including enrollment forms and deposit check, should be mailed to:
For US Mail and Overnight Mail: Health Net, One Far Mill Crossing, MS 900-03-61, P.O. Box 904, Shelton, CT 06484-0904
We will accept completed paperwork and enrollment forms emailed to HCSNewBusiness@healthnet.com.
If submitting via e-mail, deposit checks (payable to Health Net, Inc.) should be sent to the address above and must clearly indicate the group name on the front of the check.
NOTE: Coverage does not become effective until required information is received and processed by the home office.
This form may be updated as deemed necessary by Health Net