



Health Net®

NEW YORK 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 EPO POS PPO HSA **Charter** 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. Please note: Waivers not required for NY HMO Business.)
- ✓ 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

NY	To verify certification under 51 lives, a current NYS45 is required. If not available, you may submit payroll records or W-4 with a letter from the accountant. In addition, K-1 or Schedule C Earnings for partners and proprietors along with copies of Incorporation papers will be accepted.
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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.

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