

INDIVIDUAL & FAMILY PLANS

# Check-by-Fax

Brokers – Please complete this form and fax it along with a copy of the application and the applicant’s check to Individual & Family Plans Broker Services. Questions? Call 1-800-909-3447, option 1, then option 3.

fax **1-877-977-2947**

**IMPORTANT: Do not mail original application or check.**

**▶ BROKER INFORMATION** *(Please print all information)*

Broker Name \_\_\_\_\_ Health Net Broker ID # \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

This is to confirm that I have received a fully completed Health Net Individual & Family Plan Enrollment application from the individual listed below. I will maintain the original copy of the application on file for no less than seven (7) years and will provide Health Net the original if requested.

Broker Signature \_\_\_\_\_ Date \_\_\_\_\_

**▶ APPLICANT INFORMATION – Electronic Debit Payment Authorization**

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I authorize Health Net and/or Health Net Life Insurance Company to debit my account based on the facsimile copy of said premium check upon approval of the attached application. This payment will be electronically debited from my bank account using the information provided. Amount of Premium \$\_\_\_\_\_

This transaction will appear on your next bank statement as an Electronic Funds Transfer (EFT) transaction.

If this item is returned unpaid, I authorize an additional returned check fee for the maximum amount as allowed by the state to be charged to this account. I also acknowledge that Health Net will not be responsible for any fees incurred if the original check is mailed and cashed.

Applicant Signature/Date \_\_\_\_\_ Account Holder Signature/Date, if different \_\_\_\_\_

**DO NOT MAIL ORIGINAL CHECK. VOID IT.**

**Please note, we are unable to accept the following checks and account types: Corporate checks, third-party checks, credit card checks, cashier’s checks, money orders, traveler’s checks, official checks, government checks.**

**PLEASE ATTACH ORIGINAL COPY OF CHECK HERE**

Confidentiality note: The documents accompanying this facsimile transmission may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained in this transmission is **strictly prohibited**. If you have received this transmission in error, please notify the sender immediately by telephone or by return fax and destroy this transmission, along with any attachments. Thank you.

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