



- Reason
- Open Enrollment
 - Qualifying Event
 - New Employee Election

Effective Date: _____

A. Employee Information					
Name (Last)	(First)	(MI)	PCC ID#	Home Phone	Work Phone
Street Address (No P.O. Boxes)			City, State, Zip	Mailing Address (if different)	

B. Medical Coverage Information		
Type of Medical Plan Selected:	Individuals Covered:	
<input type="checkbox"/> HMO Basic Plan / AZ1268 <input type="checkbox"/> Buy-up Open Access HMO Plan / AZ1269 <input type="checkbox"/> PPO Plan / AZ1270	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependents	

Relationship	Last Name	First Name	MI	Sex	SSN	Birth date	Fulltime Student?	(A)dd or (D)elete	Check if currently a patient of chosen PCP		✓	
									If electing HMO Core, list Primary Care Physician.			
									Physician Name	Access #		
Self												
Spouse												
Dependent												
Dependent												
Dependent												

C For Employee Service Center - Benefits Completion				
Company Name	Group Number	Plan Code	Full Time Date of Hire	Effective Date
Pima Community College				

I hereby request enrollment in the Health Plan identified above and authorize deductions from my earnings (if applicable) in an amount to cover the premium. I understand that my signature indicates my acceptance of the terms, conditions and provisions of the applicable plan document under which I am covered and that the information I have entered above is true and correct. Health Net and/or Health Net Life Insurance Company reserve the right to rescind or terminate coverage if any material misrepresentation is made in this Enrollment Application. I acknowledge that health care providers may disclose health information about me or my dependents, including information regarding substance abuse or mental/emotional conditions, to Health Net of Arizona, Inc. and/or Health Net Life Insurance Company, SafeHealth, Fidelity entities. Health Net, SafeHealth and/or Fidelity entities will use and disclose this information for purposes of treatment, payment and health plan operations, including but not limited to utilization management, quality improvement, disease or case management programs as permitted by law.

I affirm that all of the dependents listed are qualified to be covered by Pima Community College (PCC) benefits as defined in the *Personnel Policy Statement for College Employees*. I acknowledge that children upon their 19th birthday are eligible to be covered under PCC benefits with deductions for coverage made post-tax unless they are a full-time student; and, that it is my responsibility to notify the College's Benefits office when a dependent is no longer a full-time student. I further acknowledge that children upon their 25th birthday are ineligible for coverage under PCC benefits regardless of their student status.

Signature Date



Health Net[®]

Notice of Insurance Information Practices

Pursuance to Arizona law: Health Net and/or Health Net Life Insurance Company may collect personal information about you from other sources during the underwriting process. The information collected by Health Net and/or Health Net Life Insurance Company about you may, in certain circumstances be disclosed to third parties without your authorization. You have the right to review information collected by Health Net and/or Health Net Life Insurance Company and correct erroneous information. A full description of your right regarding the information collected by Health Net and/or Health Net Life Insurance Company is available by request.

In Arizona, benefits are insured and/or administered by Health Net of Arizona, Inc. for HMO Plans and Health Net Life Insurance Company for PPO plans and Life Insurance coverage. Health Net, Inc. is the parent company of both Health Net of Arizona, Inc. and Health Net Life Insurance Company.

Vision Plans are underwritten by Fidelity Security Life Insurance Company and serviced by EyeMed Vision Care, LLC (together, the "Fidelity entities"). Discounts on vision care services are made available by EyeMed. Obligations of the Fidelity entities are not the obligations of nor guaranteed by Health Net, Inc. or its affiliates.