



Health Net

OVERAGE DEPENDENT CERTIFICATION

Date: Group ID#: Subscriber Id#: Address: Dependent Name: Birth Date: Member Code: Cancellation Date:

According to our records, the dependent child named above will soon reach the eligibility age limit as defined in your Evidence of Coverage. If our records are incorrect, or if we have not been informed of circumstances that would allow coverage to continue, it is extremely important that you inform us immediately. If you believe your dependent is still eligible for coverage under your group plan, please check the appropriate box below and return this form, in its entirety, within 15 days. Copies of documentation verifying your child's dependent status must be made available upon request. If you have any questions or need additional information, please contact your employer or Member Services at 1-800-628-2707. If you do not return this form within 15 days of receipt, we will assume our records are correct, and the dependent's coverage will be cancelled as of the above cancellation date.

Please check one box below and sign. DO NOT TEAR OFF this portion. [] Health Net's records are in error. My child's correct date of birth is [] My Evidence of Coverage specifies continued eligibility to age [] My Evidence of Coverage specifies continued eligibility to age [] My child is disabled and incapable of self-sustaining employment. At this time, my child is (or) is not under the Medicare program because of total disability.

SUBSCRIBER SIGNATURE DATE X

RETURN THIS ENTIRE COMPLETED FORM IN THE ENCLOSED POSTAGE-PAID ENVELOPE.