

Plan:  Health Net _____

Monthly Premium: _____

Access code: _____

Cov. Cal. Case#: _____

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 **Health Net** - Pay by the 15th for coverage to start the following month:

by phone: 877-200-9260 – have subscriber id

by mail: P.O. Box 60515
City of Industry, CA 91716-0515

No invoice? Get Subscriber ID from

www.healthnet.com/getmyid

Then call 877-200-9260

General: 888-926-4988, www.healthnet.com

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