

Proof of Permanent Residency

for California Individual & Family PPO Insurance Plans

Applicant's last name:		Applicant's first name:			MI:
Current permanent street address (PO Box will not be	accepted):				
City:				State:	ZIP:
The above address has been my permanent address since (day/month/year):			How long do you plan to live at this permanent address?		
Prior permanent street address:					
City: State	e: ZIP:		How long did you live at this prior permanent address?		
Please check this box if the above information is at As parent or legal guardian of the child applicant list I am including 1 proof of residency document for the I, the applicant, declare that I am a permanent reside California; and I am not receiving public assistance for	sted above, hat residence of Califo	I certify that te which incornia; I do r	t the above address is his ludes my name.		
Applicant's signature (age 18 or older) or parent or legarity with processing your application up document(s). Failure to return this form within 15 can the right to investigate the information related to any	oon receipt alendar day y proof of re	of this com s will result	pleted form and your ac	ceptable	d. Health Net reserve
Additional information in order to establish the appli Send to: Health Net, PO Box 1150, Rancho Cordova, C			o 1-800-977-4161.		
Acceptable proof of residency documents are: • Current California driver's license or identification card.			 Voter registration form of receipt, voter notification card, or an abstract of Voter registration. 		
Current and valid California vehicle registration form	• Current California utility bill in the applicant's name.				
 applicant's name. Evidence the applicant is employed in California. Evidence the applicant has registered with a public or private employment agency in California. 		 Current California rent or mortgage payment receipt in the applicant's name. Rent receipts provided by a relative shall not be accepted. 			
		Mortgage deed showing primary residency.			
Evidence that the applicant has enrolled his/her child	ren in a	 Lease agreement in the applicant's name. 			
California school. • Evidence that the applicant is receiving public assistant California.	nce in		• Government mail in the applicant's name (SSA statement, DMV notice, etc.).		
For internal office use only – Applicant ID number:					