HEALTH PLAN



Description: This job aid provides steps to update an existing employee's demographic information. In the event this employee also needs to make a SEP change in enrollment, do this step first.

I	From the "Hom	ne" screen, click the "Contracts" but	ton.
	SANF ()RD	Home Quotes Contracts Nore V	ExternalUser1677

2 Locate the Employer Contract under "My Contracts" where the member is employed and click the contract name.

		ANFORD Home Quote	s <u>Contracts</u> More V	•	ExternalUser1677 •	
lf you	r broker initiated your contract pleas	se navigate to the <u>Contract Links</u> tab to a	iccess it below.			
Contr	acts Contract Links					
B	Contracts My Contracts 🗸					
1 iten	• Sorted by Contract Name • Filtered by My co	ntracts • Updated 2 minutes ago			Q. Search this list ♥ ▼ Ⅲ ▼ C*	6 7
	Contract Name †	~	Account Name	Status		~
्रा	CON-1677598752617		Spring Inc	Activated		V

3 You will now see the Employer Contract. In the upper right corner, click on the "Launch Census" button.

		SANF SRD	Home Quotes	Contracts Applications	More 🗸	Esternal/ser/677*
Contract 00000499						+ Follow Launch Census
Account Name Spring Inc	Status Activated	Contract Start Date	Contract End Date	Contract Term (months)		

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Locate the employee that needs updating. From the Enrolled button drop down, select "Update Personal Information".

HEALTH	H PLAN	ne Quotes Cont	racts Applications	s More ∨		0	
			My Em	oloyees			
IMPORT	ANT: You must save any u	ipdates made to the (Download		will be lost if the save	census' button is not clic	:ked.
	Total Members	Employees Only	Employees with o	child Employees w	rith spouse Empl	oyees with Family	
	3	3	0	U	0		
	Delete all data		Ac		ind Open nrollment	Save Census	
~	Employee 1 Jack Tripper	÷ 0	dependents		✓ Enrolled ▼		ŧ
~ Deta	ails						
First N		Name*	Relationship	Birthdate*	Cender*		
Jack	K Tri	pper	Employee	▼ 4/4/1985	Male	-	
			Zipcode*	Select County'			
I	s this employee outside o	of the service area?	57106	Minnehaha	•		

Update address, phone, or email information as required and click "Continue" at the bottom right of the page.

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Employee Information					
Name First*			Last*		
Jack		Middle Inital	Tripper		
City* Sioux Falls	Zipcode* 57106			Select County* Lincoln	•
Home Phone		Work	Phone		
E-mail Address					
By providing your email, you agree to be	contacted by Sanfor	d Health Plan or its re	presentatives.		

Your changes have been updated.

Success!
Your request has been submitted.
Continue