

# Employee Enrollment

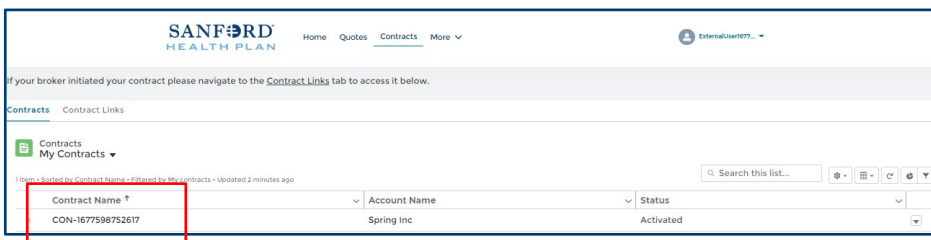
## Terminate Dependent

Description: This job aid provides steps to terminate an existing employee's dependent.

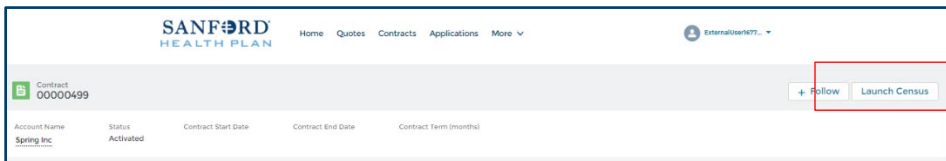
1 From the "Home" screen, click the "Contracts" button.



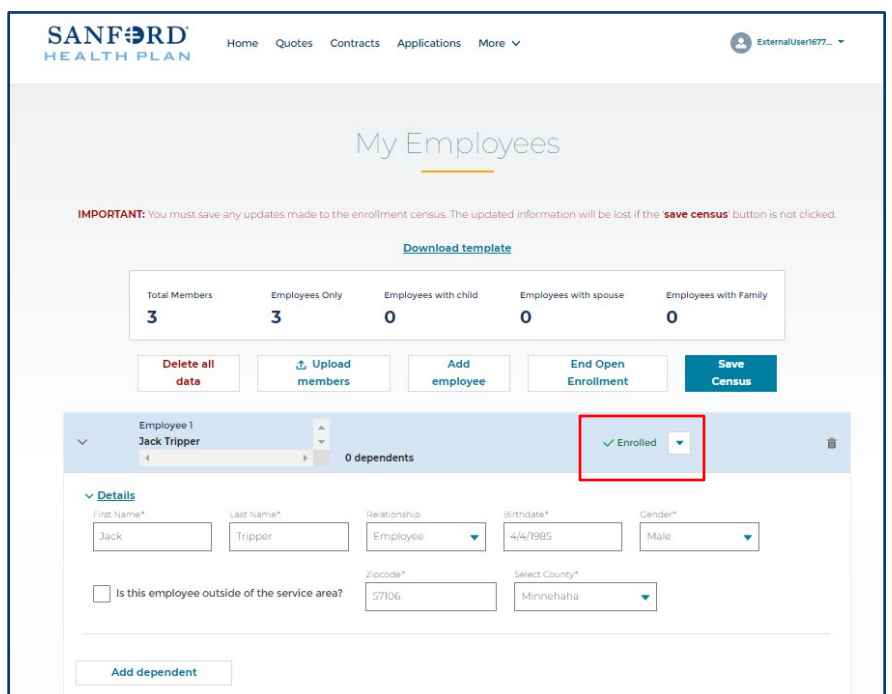
2 Locate the Contract under "My Contracts" where the member is employed and click the contract name.



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



4 Locate the employee that needs a dependent to be terminated. From the Enrolled button drop down, select "Terminate Coverage".



5

From the “Terminate Coverage” screen, select “Terminate coverage for one or more dependents”. Then select the “Next” button in the lower right corner.

**SANFORD HEALTH PLAN** Home Quotes Contracts Applications More ExternalUser1677...

Terminate Coverage

## Terminate Coverage

To terminate coverage, you must have a **qualifying life event** and all changes must be requested **within 31 days** of the date of event.

Terminate coverage for employee and all dependents  
This will terminate coverage for everyone on the policy.

Terminate coverage for one or more dependents  
This will terminate coverage for the person(s) you choose.

**Next**

6

Select the appropriate reason for terminating coverage. Based on reason selected, update required information including selecting the dependent that needs to be terminated and the effective date. Then select the “Next” button in the lower right corner.

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Terminate Coverage for One or More Dependents

## Terminate Coverage for One or More Dependents

Why are you terminating coverage?

Divorce or legal separation

Dependent is no longer eligible for coverage

Loss of full-time student status

Death of covered dependent

Voluntary coverage cancellation of dependent or spouse

Other

Which dependent(s) should be removed? [Add](#)

Please specify

Dependent\*

\*\*  
Vicky Bradford

Date of event\*

**Voluntary Cancellation Request**  
COBRA Continuation rights will not be offered by Sanford Health Plan

**Previous** **Next**

7

Once completed, the dependent will show Terminated with the effective date on the “My Employees” screen.

▼ Dependents

⚠ Terminated as of 2023-03-31

First Name*	Last Name*	Relationship	Birthdate*	Gender*	
Chad	Smith	Spouse ▼	2/2/1982	Male ▼	🗑

Is this employee outside of the service area?

Zipcode*	Select County* ▼
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Please select a county