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.

| SANF BRD H | ome Quotes | Contracts Nore V | ExternalUser1677_ 🕶 |
|------------|------------|------------------|---------------------|
|------------|------------|------------------|---------------------|

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

| | SAL | Home Quo | tes <u>Contracts</u> More V | | 🙆 ExternalUser1677 👻 | |
|---------|---|---|-----------------------------|---|----------------------|--|
| lf your | broker initiated your contract please r | avigate to the <u>Contract Links</u> tab to | access it below. | | | |
| Contra | cts Contract Links | | | | | |
| B | Contracts My Contracts 👻 | | | | 9. Search this list | |
| litem | Contract Name * | rts - Updated 2 minutes ago | Account Name | ~ | Status | |
| | CON-1677598752617 | | Spring Inc | | Activated | |

3

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

| | | SANF PRD | Home Quotes | Contracts Application | ons More V | ExternalUcorl677 | |
|-------------------------|---------------------|---------------------|-------------------|-----------------------|------------|------------------|------------------------|
| Contract 00000499 | | | | | | | + Follow Launch Census |
| Account Name Spring Inc | Status Activated | Contract Start Date | Contract End Date | Contract Term (mon | ths) | | |

4

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

| | | | My Emplo | | | |
|--------------|-----------------------------|----------------------|----------------------------|--------------------------------|-------------------------------------|------------|
| | | | | Jyces | | |
| | | | | | | |
| IMPOR | TANT: You must save any up | pdates made to the e | enrollment census. The upo | lated information will be lost | t if the 'save census' button is no | t clicked. |
| | | | Download temp | late | | |
| | Total Members | Employees Only | Employees with child | Employees with spouse | Employees with Family | |
| | 3 | 3 | 0 | 0 | 0 | |
| | Delete all | ☆ Upload | Add | End Open | Save | |
| | data | members | employee | Enrollment | Census | |
| ~ | Employee 1 Jack Tripper | ÷ | | - En | rolled | ÷ |
| | 4 | ► 0 | dependents | · · · · | | |
| ∨ <u>Det</u> | tails | | | | | |
| First | Name* Last t | Name* | Relationship | Birthdate* | Cender* | |
| Jac | | oper | Employee 🔹 | 4/4/1985 | Male | |
| _ | | | Zipcode* | Select County* | | |
| | Is this employee outside of | t the service area? | 57106 | Minnehaha | • | |

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

| IEALTH PLAN | | | • |
|------------------|---|--|------------------|
| | O | • | |
| | Terminate | e Coverage | |
| To terminate cov | erage, you must have a qualifying life event and a | all changes must be requested within 31 days of the | e date of event. |
| T all de | erminate coverage for employee and bendents | Terminate coverage for one or modependents | ore |
| This w the po | ill terminate coverage for everyone on licy. | This will terminate coverage for the person(s) you choose. | |
| the po | nr.y. | person(s) you choose. | |

6

5

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.

| SANFORD Home Quotes Contracts More V | ExternalUser1677_ ▼ |
|---|--|
| ۰ | O Terminate Coverage for One or More Dependents |
| Terminate Coverage for C | One or More Dependents |
| Why are you terminating coverage? | |
| O Divorce or legal seperation | |
| O Dependent is no longer eligible for coverage | |
| O Loss of full-time student status | |
| O Death of covered dependent | |
| • Voluntary coverage cancellation of dependent or spouse | |
| O Other | |
| V Which dependent(s) should be removed? | Add |
| Please specify | |
| Dependent* | Date of event* |
| Vicky Bradford | |
| Voluntary Cancellation Request COBRA Continuation rights will not be offered by Sanford Health I | Plan |
| Previous | Next |

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

| Terminated as of First Name* | f 2023-03-31 Last Name* | Relationship | Birthdate* | Gender* | |
|---------------------------------|----------------------------|--------------------|------------|----------------|---|
| Chad | Smith | Spouse | 2/2/1982 | Male | - |
| Is this emplo | yee outside of the ser | vice area? Zipcode | 2* | Select County* | • |
| | | | | | |

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