

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

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

SANF PLAN	Home	Quotes	Contracts More V	ExternalUser1677 👻	
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2 Locate the Employer Contract under "My Contracts" where the member is employed and click the contract name.

	SANFORD HEALTH PLAN	ome Quotes Contracts More V		ExternalUser1677	
If your broker initiated your con	tract please navigate to the <u>Contract L</u>	inks tab to access it below.			
Contracts Contract Links					
Contracts My Contracts -	red by My contracts + Updated 2 minutes ago			Q Search this list	\$ • C & Y
Contract Name †		 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 Small Group Employees" button.

	SAN	F PLAN	Home	Leads Quotes	5 More V		Peggy And_ 👻	
Contract 00000492						+ Follow	Launch Small Group Employees	Rec uest Renewal
Account Name Sunshine Inc	Status Activated	Contract Start Date	e	Contract End Date	e Contract Term (months)]

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

Му	/ Employe		
CLAI		000	
IMPORTANT: You must save any updates made to the en	nrollment census. The upp	dated information will be los	if the 'save census' button is
	not clicked.		
	Download template		
Total Members Employees Only E	Imployees with child Er	mployees with spouse Em	ployees with Family
5 1 0) 2	2 0	
Delete all t Upload data members	Add employee	Start Open Enrollment	Save Census
Employee 1		✓ Enrolled	• <u> </u>
✓ 1 depen	ident		-

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



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Select the appropriate reason for terminating coverage. Based on reason selected, update required information including the effective date. Then select the "Next" button in the lower right corner.

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	0	O Terminate Coverage for On	e or More Dependents
Termin	ate Coverage fo	r One or More De	ependents
Why are you termin	ating coverage?		
O Divorce or legal	seperation		
O Dependent is n	o longer eligible for coverage		
O Loss of full-time	student status		
O Death of covere	d dependent		
 Voluntary cover 	age cancellation of dependent or spouse		
O Other			
V Which depend	ent(s) should be removed?		Add
Please specify			
Dependent*		Q Date of event*	Ë
Voluntary Cancellat COBRA Continuation	ion Request rights will not be offered by Sanford Health	Plan	

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

Terminated as of First Name*	of 2023-03-31 Last Name*	Relationship	Birthdate*	Gender*	
Chad	Smith	Spouse	2/2/1982	Male	-

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