

**Member Enrollment and Maintenance User Guide
For Brokers**

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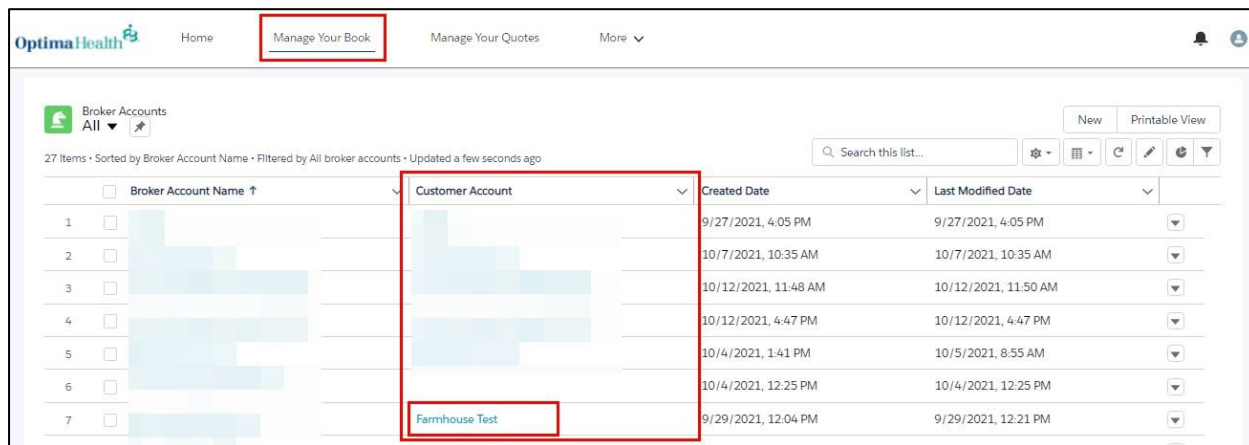
Purpose

The purpose of this user guide is to outline the functionality available to Brokers for member enrollment and maintenance. This user guide includes how to:

- how to access
- view group details
- view member information
- make modifications to member information
- update dependent information
- approve member-generated changes

Access

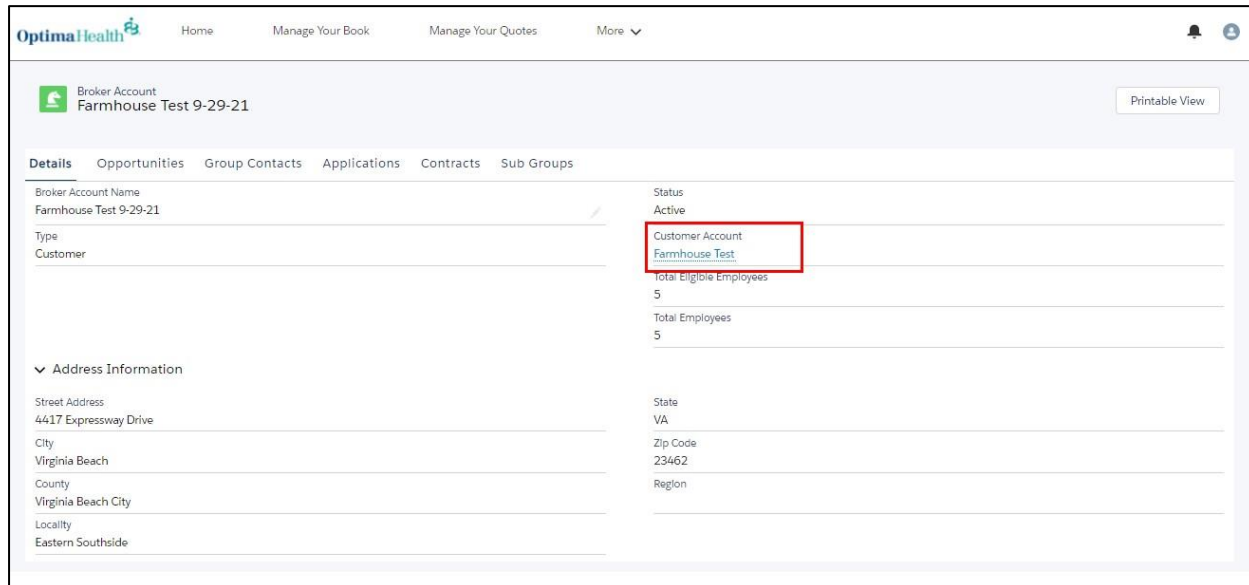
From any page on the eBroker portal, click **Manage My Book**. Click the name of the account in the **Customer Account** column.



The screenshot shows the 'Manage My Book' page with a table of Broker Accounts. The 'Customer Account' column is highlighted, and the 'Farmhouse Test' account is selected. The table has the following data:

Broker Account Name	Customer Account	Created Date	Last Modified Date
1	[Redacted]	9/27/2021, 4:05 PM	9/27/2021, 4:05 PM
2	[Redacted]	10/7/2021, 10:35 AM	10/7/2021, 10:35 AM
3	[Redacted]	10/12/2021, 11:48 AM	10/12/2021, 11:50 AM
4	[Redacted]	10/12/2021, 4:47 PM	10/12/2021, 4:47 PM
5	[Redacted]	10/4/2021, 1:41 PM	10/5/2021, 8:55 AM
6	[Redacted]	10/4/2021, 12:25 PM	10/4/2021, 12:25 PM
7	Farmhouse Test	9/29/2021, 12:04 PM	9/29/2021, 12:21 PM

If you click on a field in the **Broker Account Name** column, simply click on the **Customer Account** name on the **Details** tab.



The screenshot shows the 'Details' page for the 'Farmhouse Test' account. The 'Customer Account' field is highlighted. The page displays the following information:

Broker Account Name: Farmhouse Test 9-29-21

Type: Customer

Status: Active

Customer Account: Farmhouse Test

Total Eligible Employees: 5

Total Employees: 5

Address Information:

Street Address: 4417 Expressway Drive
 City: Virginia Beach
 County: Virginia Beach City
 Locality: Eastern Southside

State: VA
 Zip Code: 23462
 Region:

Group Details Page Overview and Navigation

On the Group Details page, you can:

1. view high level group information
2. view group demographics
3. engage in enrollment tasks
4. approve transactions
5. view enrollment insights
6. view group contacts, including benefits administration, billing, and general contacts
7. view employee classes
8. view a list of members
9. add a new subscriber
10. modify existing subscriber information (by clicking the **Actions** arrow at the far right of the row)

Acme group-MAIN 1

Group Number: 000268

Group Type: Group

Contract Start Date: 05/01/2021

Contract End Date: 06/01/2023

Contract Renewal Date: 06/02/2023

Group Demographics 2

Address

Street Address	City	State	Zip Code	Phone Number	Fax Number
U.S. Route 66	Albuquerque	NM		(242) 342-4241	

Enrollment Tasks 3 4 Approve All Transactions

Enrollment Tasks

Enrollment Insights 5

Current Election Benefits Detail

Benefit Summary Report

Pending Election Benefits Detail

Employee Census Report

Group Contact 6

Benefit Administrator

CONTACT NAME	PHI	ADDRESS	PHONE NUMBER	FAX NUMBER
Gabby Habble	true		(456) 577-6599	
Ryan Benefit Admin	false		(312) 212-6706	

10 ▾ 1

Billing

CONTACT NAME	PHI	ADDRESS	PHONE NUMBER	FAX NUMBER
No data to show				

10 ▾ 1

General

CONTACT NAME	PHI	ADDRESS	PHONE NUMBER	FAX NUMBER
Henry wilson			11974683683683	

10 ▾ 1

Employee Class 7

EMPLOYEE CLASS	NEW HIRE	FOLLOWING	NUMBER OF DAYS
Manager	1st day of Month following	Days of employment	30
Doctors/Nurse Practitioners	1st day of Month following	Date of hire	
Managers	1st day of Month following	Days of employment	30

10 ▾ 1

Members 8 9 Add Subscriber

MEMBER NAME	DOB	STATUS	ACTIONS
ABCD Willson	07/11/2002	Active	10 ▾
Adam Eve	04/01/2000	Active	▾

10 ▾ 1 2 3

Add a New Member/Subscriber

To add a new subscriber to a group, click on **Add Subscriber**.

Members			Add Subscriber
MEMBER NAME	DOB	STATUS	ACTIONS
Shawn Wilson Sr.	03/15/1983		▼
Darry Wilson Sr.	03/25/1987		▼
Jenny A Rowland sr		Enrolled	▼
Adam Smith	05/07/2006		▼
Ella Purnell	07/01/2021		▼
Rio Willsane	05/13/2021		▼
Tommy Will	05/14/2021		▼
Benefit Admin	05/10/1989		▼

Provide the required details about the member. Required information includes:


- demographic information: first and last name, gender, birthdate, phone number, and address
- group class
- new hire start date

Click **Create Subscriber** when you are done entering the information.

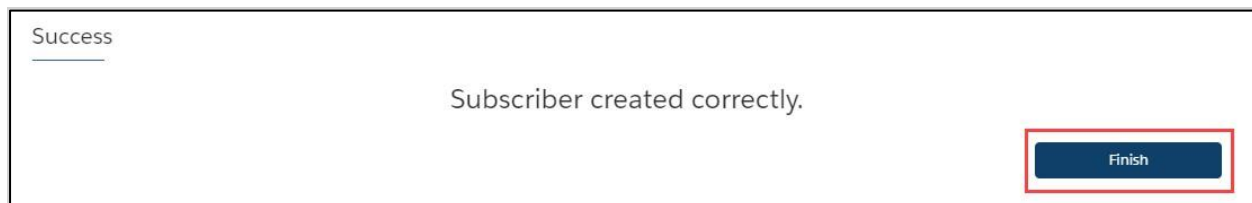
Member Details

Member Details

Add Subscriber

* First Name Required	Middle Name	* Last Name Required	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Gender Required		* Birth Date Required	
<input type="text"/>		<input type="text"/>	
SSN		* Phone Required	
<input type="text"/>		<input type="text"/>	
Email		Retired	
<input type="text"/>		<input type="text"/>	
Wellness		Hours Worked	
<input type="text"/>		<input type="text"/>	
* Group Class Required		Additional Insurance	
<input type="text"/>		<input type="text"/>	
Hire Start On	Hire Number Days	Following	
* New Hire Start Date Required			
<input type="text"/>			
* Effective Date Please Select		Effective Date is required.	
<input type="text"/>			
* Street Required	* City Required	* State Required	* ZipCode Required
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			 <input type="button" value="Create Subscriber"/>

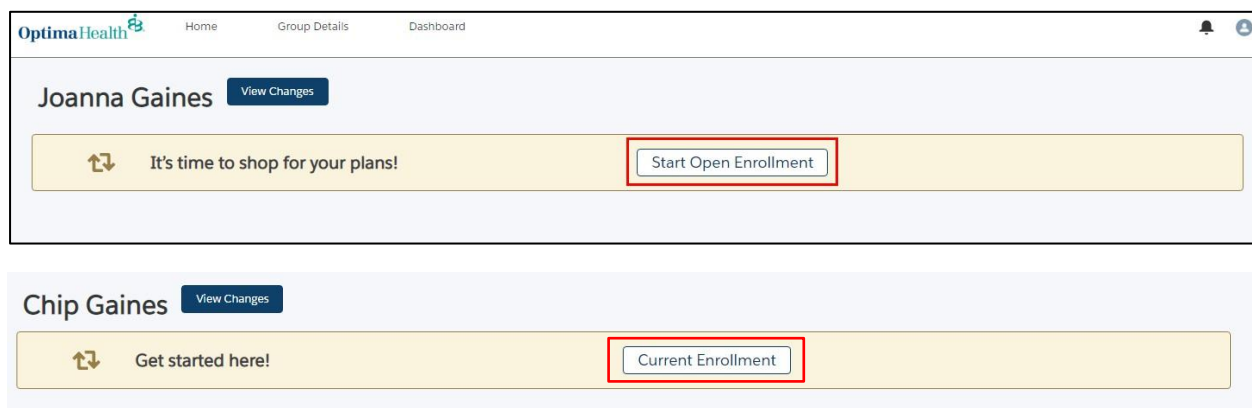
If the subscriber was created successfully, you will receive a confirmation message on the next screen.




Enroll New Member

Once you have successfully created the new subscriber, the site will auto-direct you to the member's detail page.




On their Member Details page, click **Start Open Enrollment** (or, **Current Enrollment** if the employer is not in the open enrollment period during hire).



Confirm that the information on the **Edit Member Demographics** screen is correct, make any necessary edits, and click **Next**.


Edit Member Demographics:

Edit Member Demographics:

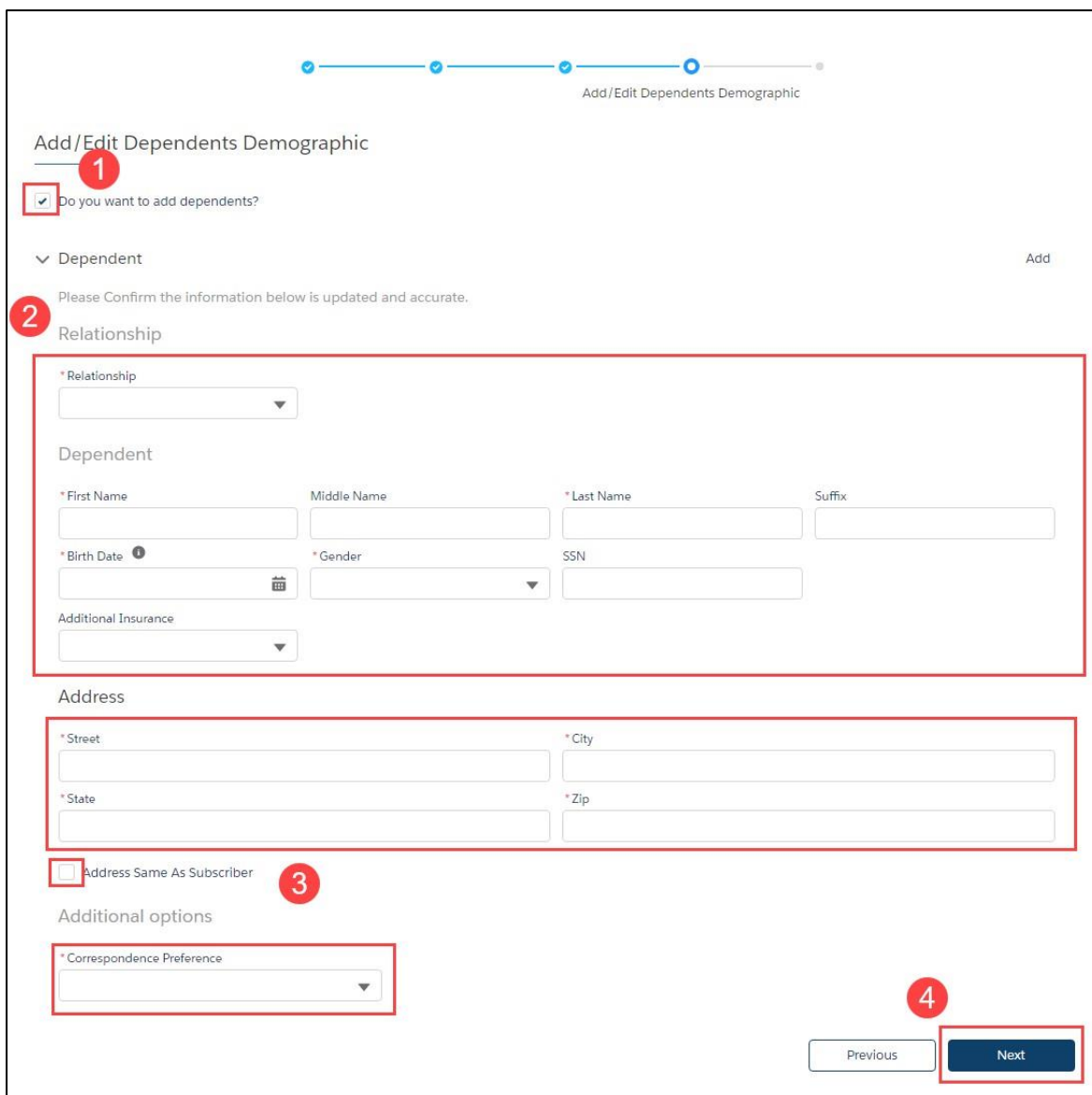
* First Name	Middle Name	* Last Name	Suffix
<input type="text" value="Darry"/>	<input type="text"/>	<input type="text" value="Wilson"/>	<input type="text" value="Sr."/>
* Gender	* Date Of Birth 	SSN	
<input type="text" value="Male"/>	<input type="text" value="03/25/1987"/> 	<input type="text"/>	
* Phone Number	Email Address		
<input type="text" value="(757) 857-6859"/>	<input type="text" value="testing12356@gmail.com"/>		
Effective Date	Additional Insurance		
<input type="text" value="07-07-2021"/> 	<input type="text" value="Other Coverage"/>		

Mailing Address

* Street	* City	* State	* Zip Code
<input type="text" value="134 Park"/>	<input type="text" value="Baker fields"/>	<input type="text" value="Testing123"/>	<input type="text" value="56422"/>

On the next screen, you can:

1. To add dependents, click the box next to “Do you want to add dependents?”.
If you don’t want to add dependents, skip to step 4 (click **Next**).
2. Provide the required information.
3. Provide the dependent’s address.
 - If different from the primary subscriber please type in the address and select their correspondence preference from the dropdown menu (either **ID Card Only** or **All Correspondence**).
 - If the address is the same as the primary subscriber, click the box by **Address Same As Subscriber** (below the address fields).
4. Click **Next**.



Add/Edit Dependents Demographic

1 Do you want to add dependents?

Dependent Add

Please Confirm the information below is updated and accurate.

2 Relationship

*Relationship

Dependent

*First Name Middle Name *Last Name Suffix

*Birth Date *Gender SSN

Additional Insurance

Address

*Street *City

*State *Zip

Address Same As Subscriber **3**

Additional options

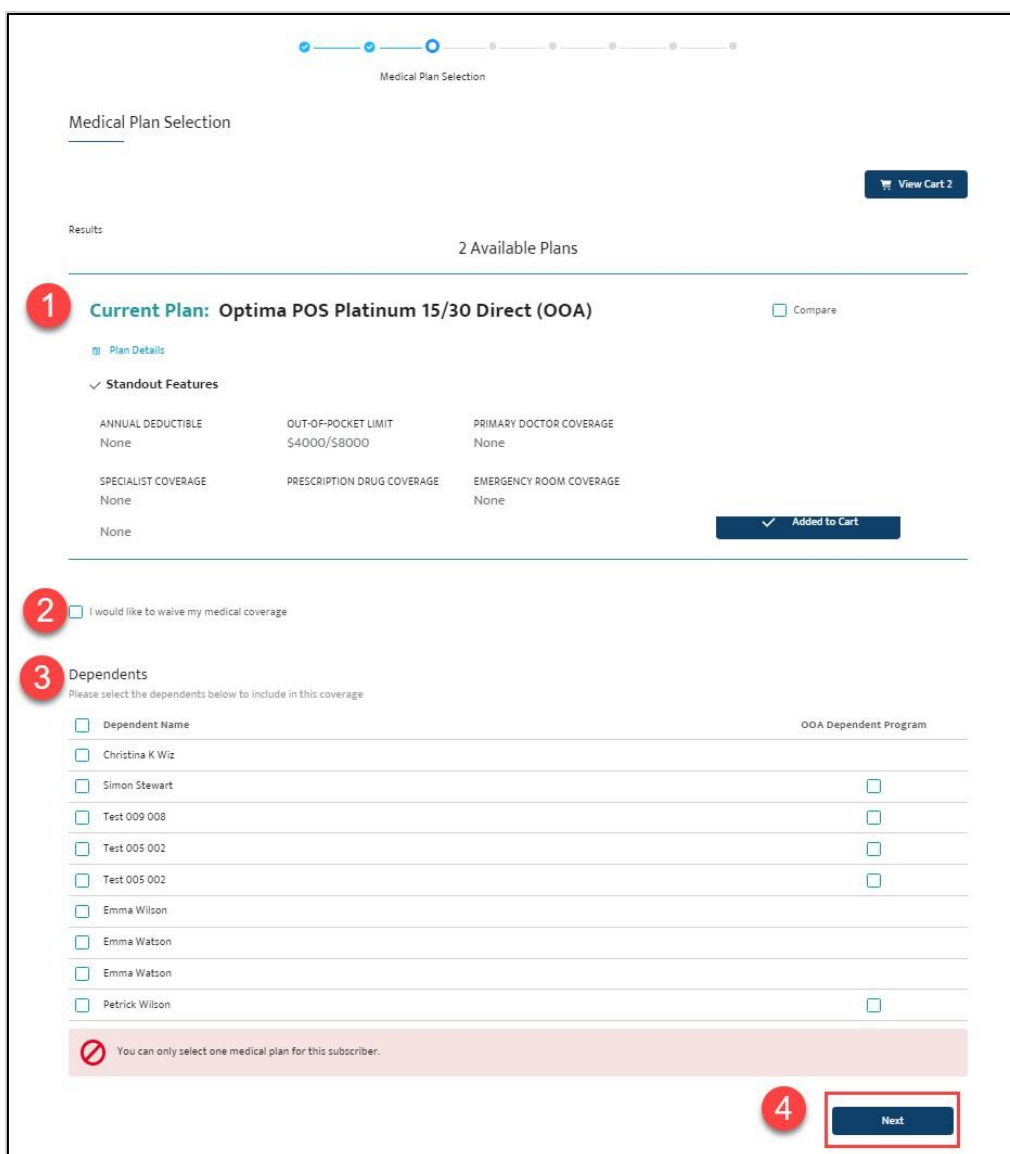
*Correspondence Preference

4

Next, you'll see the insurance coverage options.

On each of these screens, you can:

1. select from a menu of plans
2. elect to waive coverage
3. elect which dependents to include in coverage. Click on the box to the left of **Dependent Name** to select all names or select the box next to each dependent to include in coverage individually.
4. After completing these steps on each screen, click **Next**.



The screenshot shows the 'Medical Plan Selection' interface. At the top, a progress bar indicates the current step. Below the title, there is a 'View Cart 2' button. The main content area shows '2 Available Plans'. The first plan is highlighted with a red circle '1' and is 'Current Plan: Optima POS Platinum 15/30 Direct (OOA)'. Below this, there is a 'Plan Details' link and a 'Standout Features' section with a table of benefits. A red circle '2' highlights a checkbox for 'I would like to waive my medical coverage'. A red circle '3' highlights the 'Dependents' section, which includes a list of names with checkboxes for selection. A red circle '4' highlights the 'Next' button at the bottom right. A red banner at the bottom left contains a warning: 'You can only select one medical plan for this subscriber.'

Medical Plan Selection

Results: 2 Available Plans

1 Current Plan: Optima POS Platinum 15/30 Direct (OOA) Compare

[Plan Details](#)

✓ Standout Features

ANNUAL DEDUCTIBLE	OUT-OF-POCKET LIMIT	PRIMARY DOCTOR COVERAGE
None	\$4000/\$8000	None
SPECIALIST COVERAGE	PRESCRIPTION DRUG COVERAGE	EMERGENCY ROOM COVERAGE
None		None
None		

Added to Cart

2 I would like to waive my medical coverage

3 Dependents
Please select the dependents below to include in this coverage

Dependent Name	OOA Dependent Program
<input type="checkbox"/> Christina K Wiz	
<input type="checkbox"/> Simon Stewart	<input type="checkbox"/>
<input type="checkbox"/> Test 009 008	<input type="checkbox"/>
<input type="checkbox"/> Test 005 002	<input type="checkbox"/>
<input type="checkbox"/> Test 005 002	<input type="checkbox"/>
<input type="checkbox"/> Emma Wilson	
<input type="checkbox"/> Emma Watson	
<input type="checkbox"/> Emma Watson	
<input type="checkbox"/> Petrick Wilson	<input type="checkbox"/>

You can only select one medical plan for this subscriber.

4

Note: The OOA Dependent Program will only populate when an eligible plan is selected. If clicked for an eligible dependent, a hyperlink to an overview/FAQ will populate.

Dependents
Please select the dependents below to include in this coverage

<input checked="" type="checkbox"/> Dependent Name	Relationship	OOA Dependent Program
<input checked="" type="checkbox"/> Rhonda Test	Spouse	
<input checked="" type="checkbox"/> First Child	Child	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Second Child	Child	<input type="checkbox"/>

[OOA Dependent Program](#)

When multiple plans are available, select your plan by clicking **Add to Cart**.

Medical Plan Selection

Results

2 Available Plans

Optima Plus 1000/20% Compare

[Plan Details](#) [Benefit Summary](#)

✓ **Standout Features**

ANNUAL DEDUCTIBLE N/A	OUT-OF-POCKET LIMIT N/A	PRIMARY DOCTOR COVERAGE N/A
SPECIALIST COVERAGE 20% coinsurance AD	PRESCRIPTION DRUG COVER...	EMERGENCY ROOM COVERA... 20% coinsurance AD
HOSPITAL STAY COVERAGE N/A		

+ Add to Cart

SF Elite Optima Vantage 1000/25/30% Compare

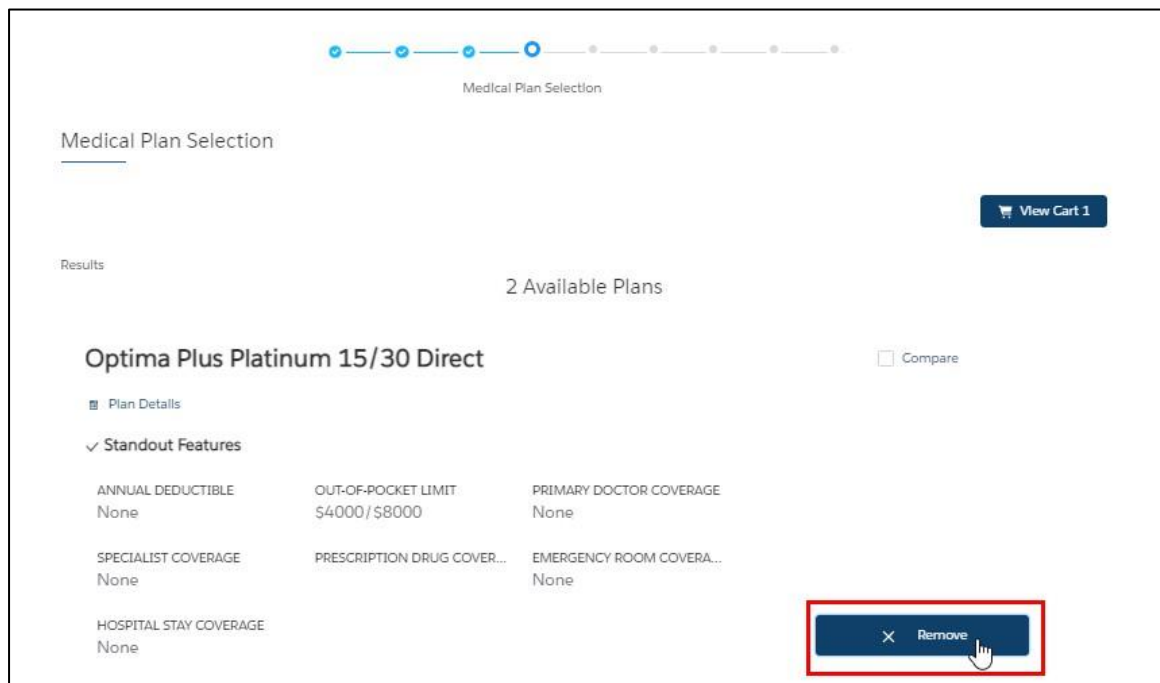
[Plan Details](#)

✓ **Standout Features**

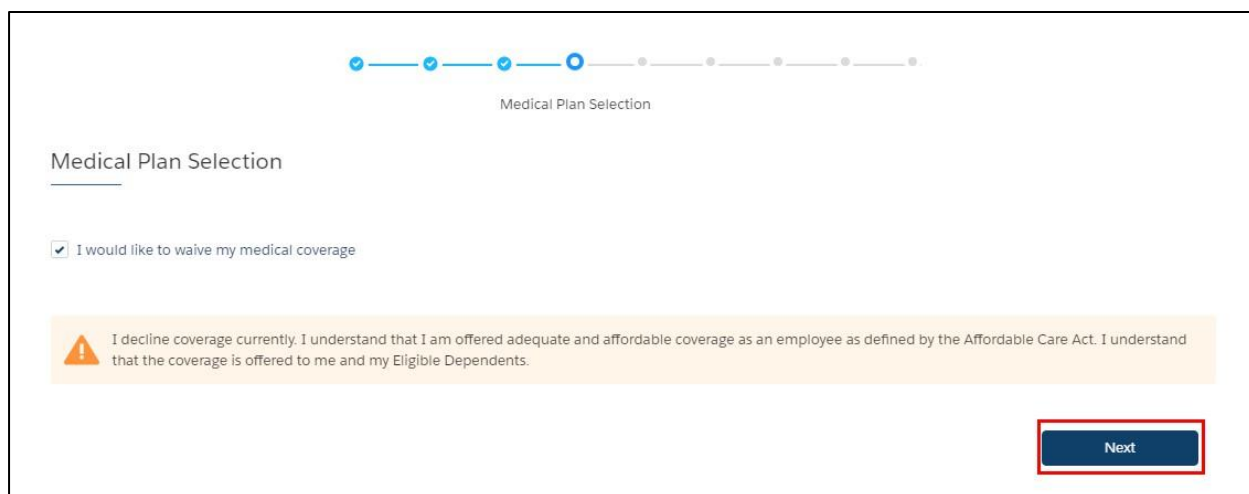
ANNUAL DEDUCTIBLE N/A	OUT-OF-POCKET LIMIT N/A	PRIMARY DOCTOR COVERAGE N/A
SPECIALIST COVERAGE \$50 Copayment (Deduc...	PRESCRIPTION DRUG COVER...	EMERGENCY ROOM COVERA... 30% Coinsurance AD (I...
HOSPITAL STAY COVERAGE N/A		

+ Add to Cart

To remove a plan from your cart, hover over **Add to Cart** button and click again, selecting **Remove**.



If the member has elected to waive coverage, review and accept the confirmation statement by clicking **Next**.



After completing all selections, you will have the opportunity to review your selections.

1. If you'd like to edit selections, click **Edit** at the top of the screen. Please note that selecting this option will lead you to the first election opportunity.
2. You may also click **Previous** to return to the previous screen.
3. When your selection and review is complete, click **Enroll**.



Summary

Selected Coverages

Edit

Medical Coverage Selected

Plans		
Medical Plan	VANTAGE 1000/30/30%	\$787.16/Mo
Subscriber:	Chip Gaines	

Dates of Coverages

Coverage Start Date

08/01/2022



Coverage End Date

02/28/2023



Previous

Enroll

Congratulations! You have successfully completed enrollment for the new member. Click **Finish**.



Final Success Step

Final Success Step

All Details has been updated successfully.

[Finish](#)

View Member Information

To view a member's information, click on the arrow at the far right of the row under **Actions** and select **Member Details**.

Members			Add Subscriber
MEMBER NAME	DOB	STATUS	ACTIONS
Shawn Wilson Sr.	03/15/1983		▼
Darry Wilson Sr.	03/25/1987		▼
Jenny A Rowland sr		Enrolled	▼
Adam Smith	05/07/2006		▼
Ella Purnell	07/01/2021		▼
Rio Willsane	05/13/2021		▼
Tommy Will	05/14/2021		▼
Benefit Admin	05/10/1989		▼

Member Details

Edit Member Details

Edit Group/SubGroup

On the **Member Details** page, you can view:

1. any pending changes the member has made
2. pending plans
3. their current plans/enrollment information
4. demographic information
5. information about dependents

You can also update member details from this page by clicking **Update Member**.

Bob Robin
[View Changes](#)
1

Pending Plans
2
[Update Plans](#)

PLAN NAME	PLAN TYPE	COVERAGE	START DATE	END DATE	YOUR COST	EMPLOYER COST	WHO IS COVERED?	ACTIONS
Optima Plus 1000/20%	Medical	Employee + Child	08/02/2022	08/01/2023	\$0.00			▼

Current Plans
3

PLAN NAME	PLAN TYPE	COVERAGE	START DATE	END DATE	YOUR COST	EMPLOYER COST	WHO IS COVERED?
Optima Plus 1000/20%	Medical	Employee + Children	08/09/2021	08/01/2022	\$280.00	\$0.00	Plnto Robln, Anne Jones, Ralph I

Demographics
4
Update Member

Member Details

Name	DOB	Gender
Bob Robln	08/06/1991	Male

Mailing address

Street Name	City	State	Zip Code	Phone Number	Email Address
1234	east main street	Chlcago	23456	(256) 741-3717	bobrob@test.com

Dependents
5

DEPENDENT NAME	DOB	ADDRESS	RELATIONSHIP	GENDER	ACTIONS
Plnto Robln	08/25/1998	1234, Chlcago, east main street, 23456	Other Dependent	Female	▼
Anne Jones	08/10/2010	1234, Chlcago, east main street, 23456	Child	Female	▼
Ralph Robln	08/11/2021	1234, Chlcago, east main street, 23456	Child	Male	▼
Anne Jones	08/12/2010	1234, Chlcago, east main street, 23456	Child	Female	▼
Kelly Robln	08/07/1996	1234, Chlcago, east main street, 23456	Disabled Child	Female	▼

Modify Member Information

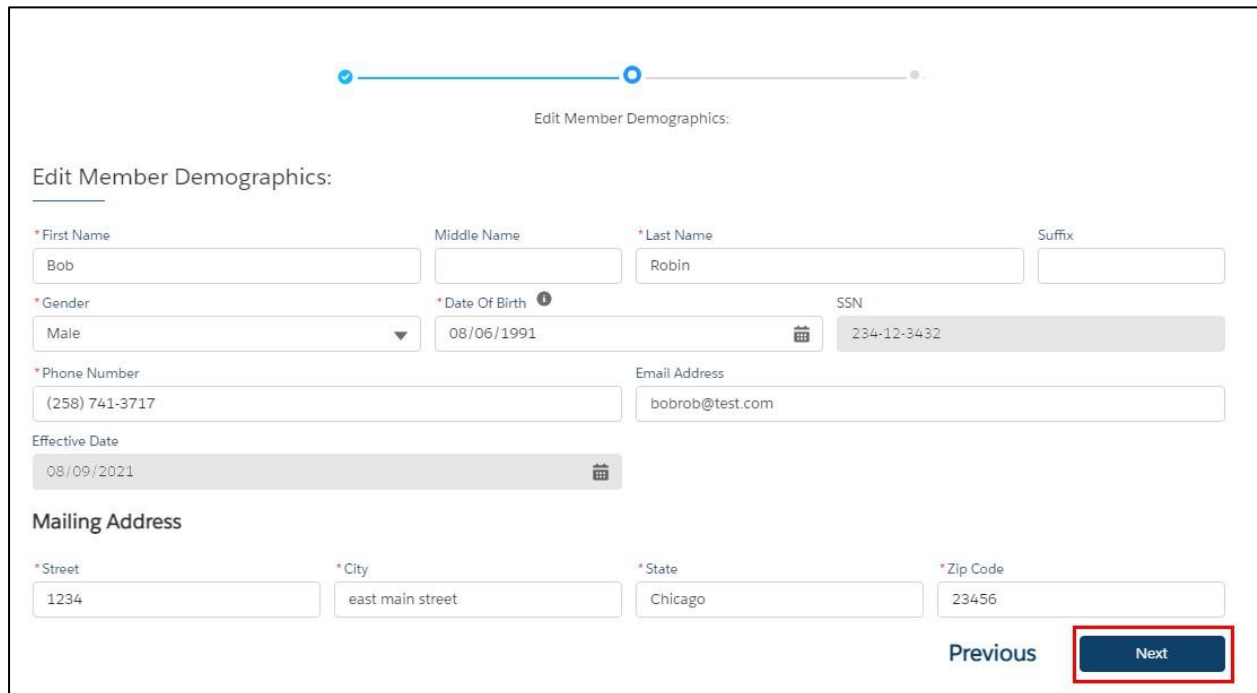
After clicking **Update Member**, a pop-up window will appear. Select **Update Member** to make edits and then click **Next**.



The screenshot shows a pop-up window with a progress indicator at the top consisting of a horizontal line with three dots, the first of which is filled with blue. Below the progress bar is the text "What would you like to do?". Underneath, there is a form with the same question "What would you like to do?". Three radio button options are listed: "Update Member" (which is selected), "Life Event", and "Other Correction". In the bottom right corner of the window, there is a dark blue button labeled "Next" which is highlighted with a red rectangular border.

Editable member information is featured in white blocks on the screen. Grayed out blocks of information are not editable.

Once you have completed your edits, click **Next**.



Progress bar: 1 of 3 steps completed.

Edit Member Demographics:

Edit Member Demographics:

*First Name: Bob | Middle Name: | *Last Name: Robin | Suffix: |

*Gender: Male | *Date Of Birth: 08/06/1991 | SSN: 234-12-3432

*Phone Number: (258) 741-3717 | Email Address: bobrob@test.com

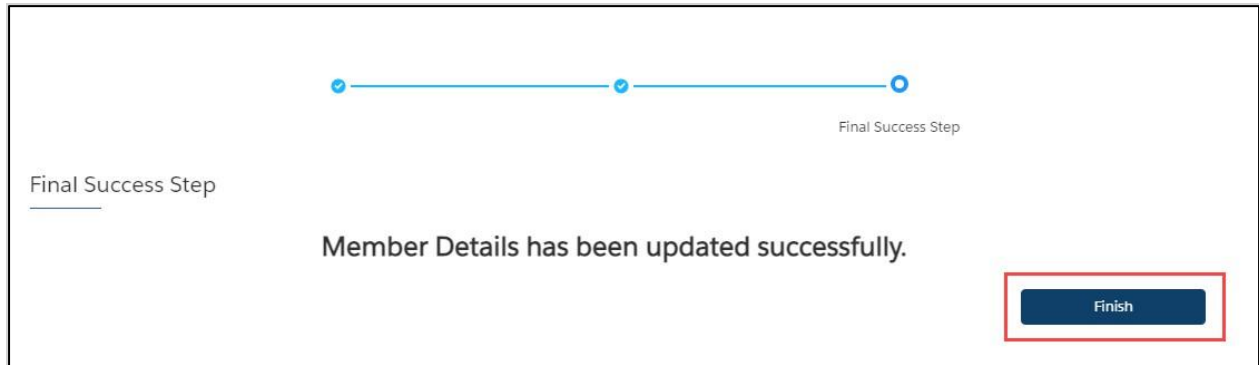
Effective Date: 08/09/2021

Mailing Address

*Street: 1234 | *City: east main street | *State: Chicago | *Zip Code: 23456

Previous **Next**

Congratulations! You have successfully updated the member's details. Click **Finish** to complete the process.



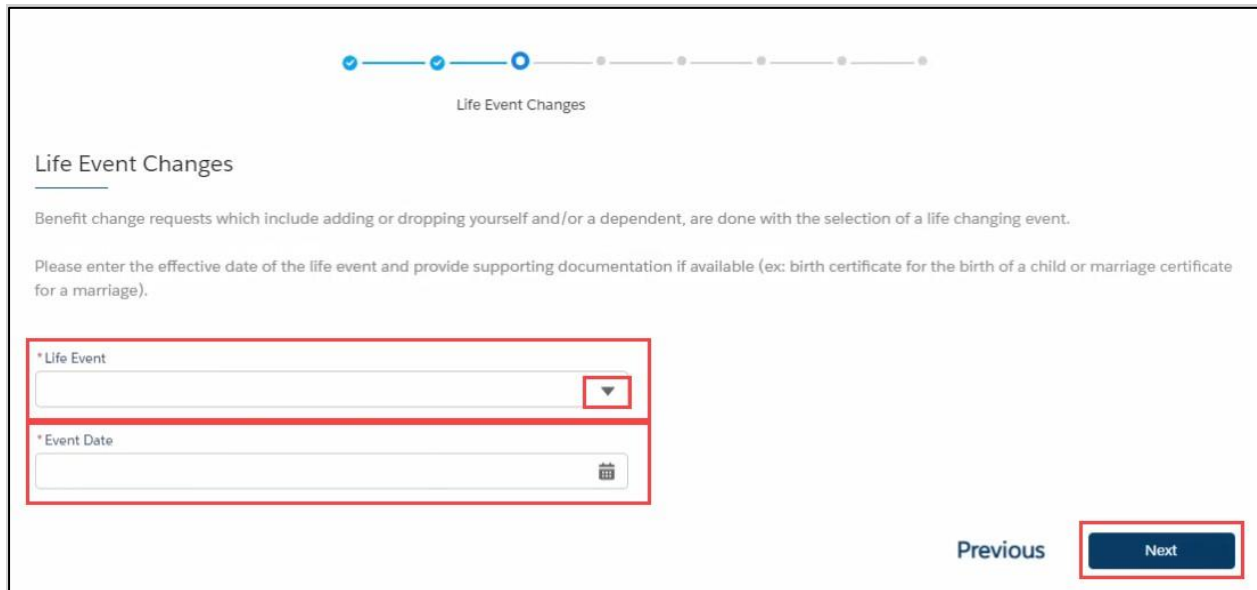
Update Life Event

After clicking **Update Member**, a pop-up window will appear. Select **Life Event** to make edits and then click **Next**.



Select the applicable **Life Event** from the dropdown menu, provide the date of the event, and click **Next**.

Note: **Life Events** can add and remove coverage for the member or their dependents, depending on the event selected.



Life Event Changes

Benefit change requests which include adding or dropping yourself and/or a dependent, are done with the selection of a life changing event.

Please enter the effective date of the life event and provide supporting documentation if available (ex: birth certificate for the birth of a child or marriage certificate for a marriage).

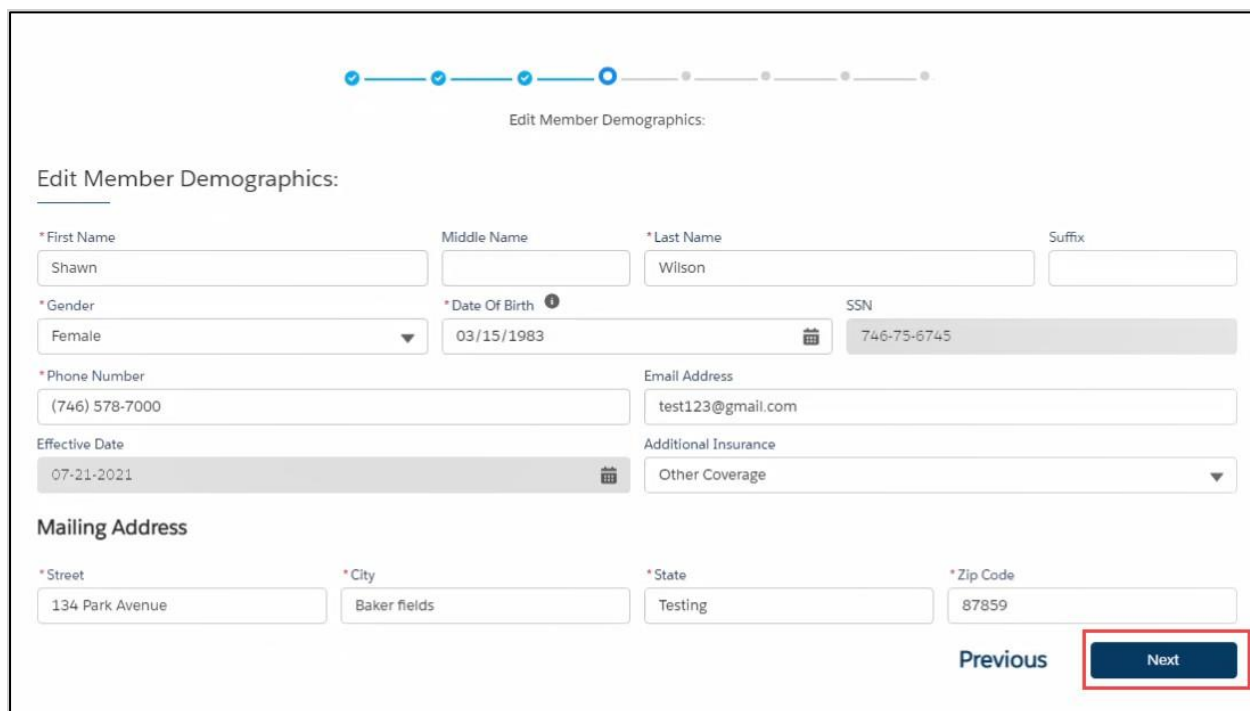
* Life Event

* Event Date

Previous **Next**

Review member information and make edits as needed. Editable member information is featured in white blocks on the screen. Grayed out blocks of information are not editable.

Once you have completed your edits, click **Next**.



Progress indicator: 1 of 6 steps completed.

Edit Member Demographics:

Edit Member Demographics:

* First Name	Middle Name	* Last Name	Suffix
Shawn		Wilson	
* Gender	* Date Of Birth	SSN	
Female	03/15/1983	746-75-6745	
* Phone Number	Email Address		
(746) 578-7000	test123@gmail.com		
Effective Date	Additional Insurance		
07-21-2021	Other Coverage		

Mailing Address

* Street	* City	* State	* Zip Code
134 Park Avenue	Baker fields	Testing	87859

Previous **Next**

Review and update any relevant dependent information and click **Next**.

For guidance on adding and editing information about dependents, refer to the previously mentioned steps [here](#).

Then, select plans. Refer to the process flow [here](#) for more details.

The only difference with this experience is that you will see the member's current plan above the other available plans.

Results 2 Available Plans

Current Plan: Optima Plus Platinum 15/30 Direct Compare

Plan Details

✓ Standout Features

ANNUAL DEDUCTIBLE None	OUT-OF-POCKET LIMIT \$4000/\$8000	PRIMARY DOCTOR COVERAGE None
SPECIALIST COVERAGE None	PRESCRIPTION DRUG COVER...	EMERGENCY ROOM COVERA...
HOSPITAL STAY COVERAGE None		

✓ Added to Cart

Optima POS Platinum 15/30 Direct (OOA) Compare

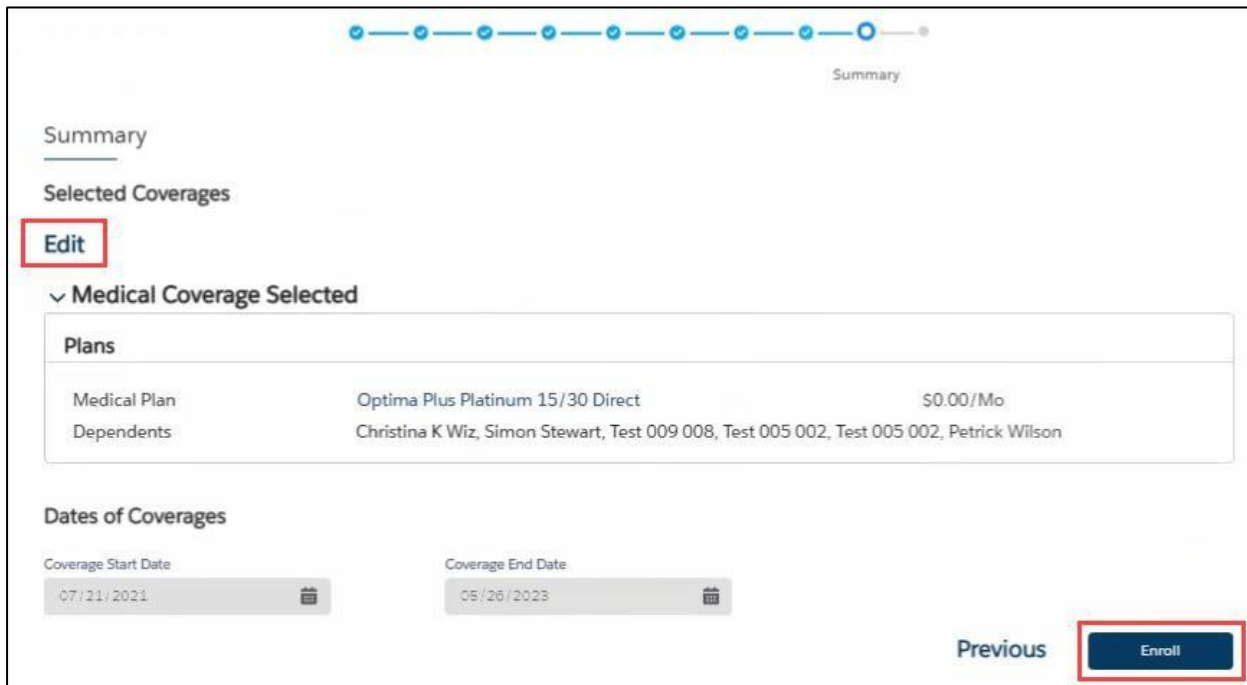
Plan Details

✓ Standout Features

ANNUAL DEDUCTIBLE None	OUT-OF-POCKET LIMIT \$4000/\$8000	PRIMARY DOCTOR COVERAGE None
---------------------------	--------------------------------------	---------------------------------

After completing the process of plan selection, review the plans selected. If changes are needed, click **Edit**.

If the information and selections are correct, click **Enroll**.



Summary

Summary

Selected Coverages

Edit

Medical Coverage Selected

Plans		
Medical Plan	Optima Plus Platinum 15/30 Direct	\$0.00/Mo
Dependents	Christina K Wiz, Simon Stewart, Test 009 008, Test 005 002, Test 005 002, Petrick Wilson	

Dates of Coverages

Coverage Start Date: 07/21/2021

Coverage End Date: 05/26/2023

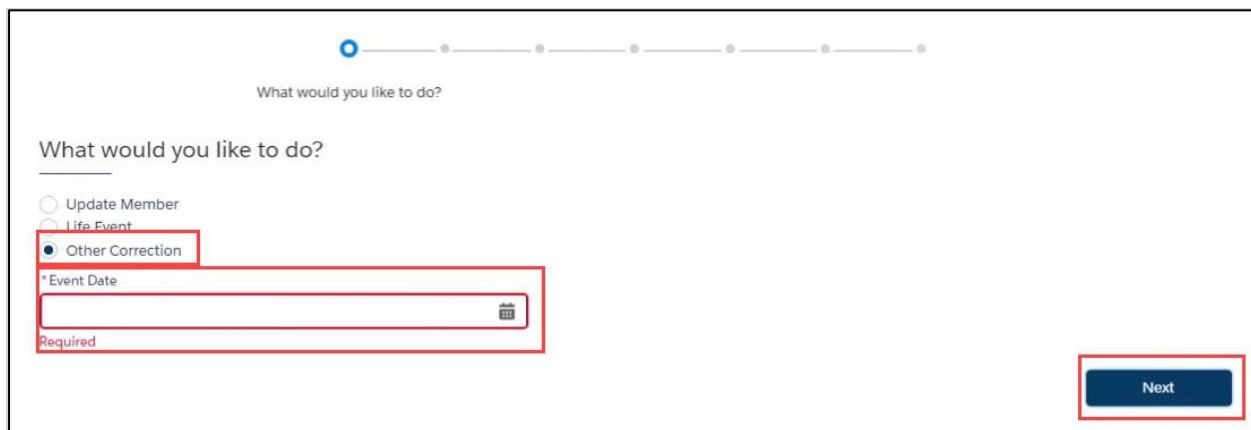
Previous **Enroll**

If details have been updated successfully, a confirmation screen will appear. Click **Finish**.



Other Correction

After clicking **Update Member**, a pop-up window will appear. Select **Other Correction**, enter the date of the correction, and then click **Next**.




What would you like to do?

What would you like to do?

Update Member

Life Event

Other Correction

* Event Date 

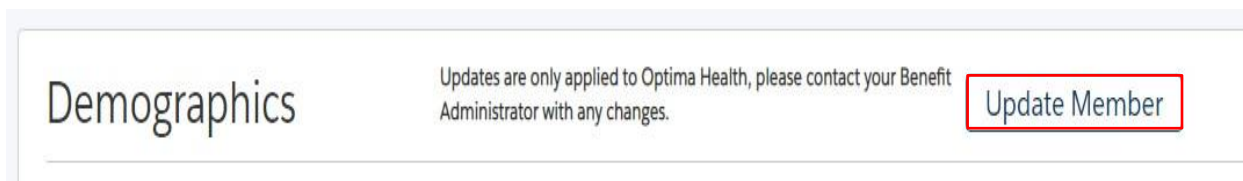
Required

Next

From here, the process mirrors that of a life event update. Please refer to that process [here](#) if you have questions.

Update HSA Election and/or Contribution

To update the HSA election, click **Update Member** from the member details page.

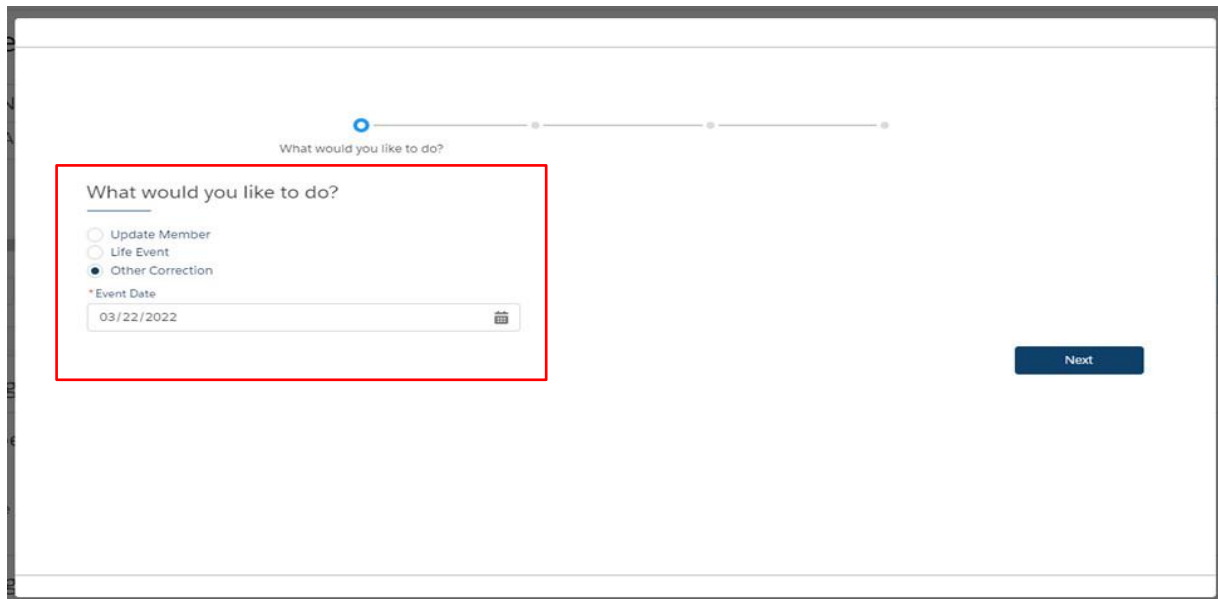


Demographics

Updates are only applied to Optima Health, please contact your Benefit Administrator with any changes.

Update Member

Select **Other Correction**, fill out **Event Date** and then click **Next**.



What would you like to do?

What would you like to do?

Update Member

Life Event

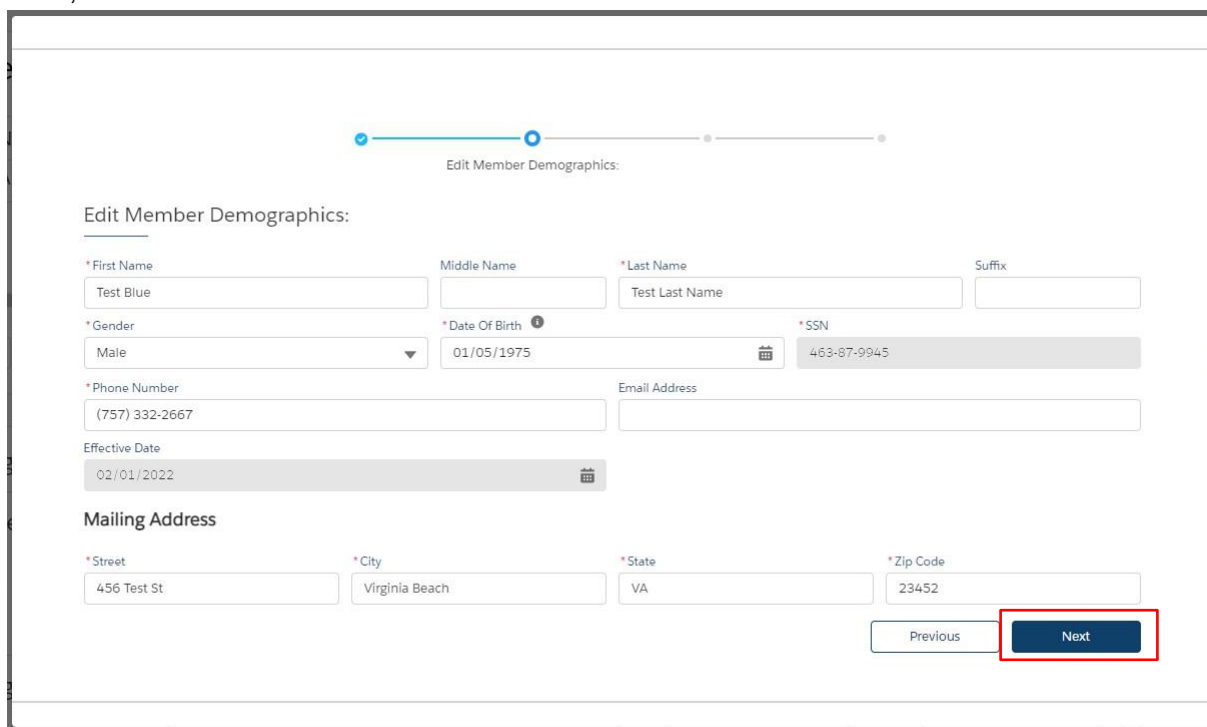
Other Correction

* Event Date

03/22/2022

Next

Review member information and make edits as needed. Once you have completed your edits, click **Next**.



Edit Member Demographics:

Edit Member Demographics:

* First Name Middle Name * Last Name Suffix

Test Blue Test Last Name

* Gender * Date Of Birth * SSN

Male 01/05/1975 463-87-9945

* Phone Number Email Address

(757) 332-2667

Effective Date

02/01/2022

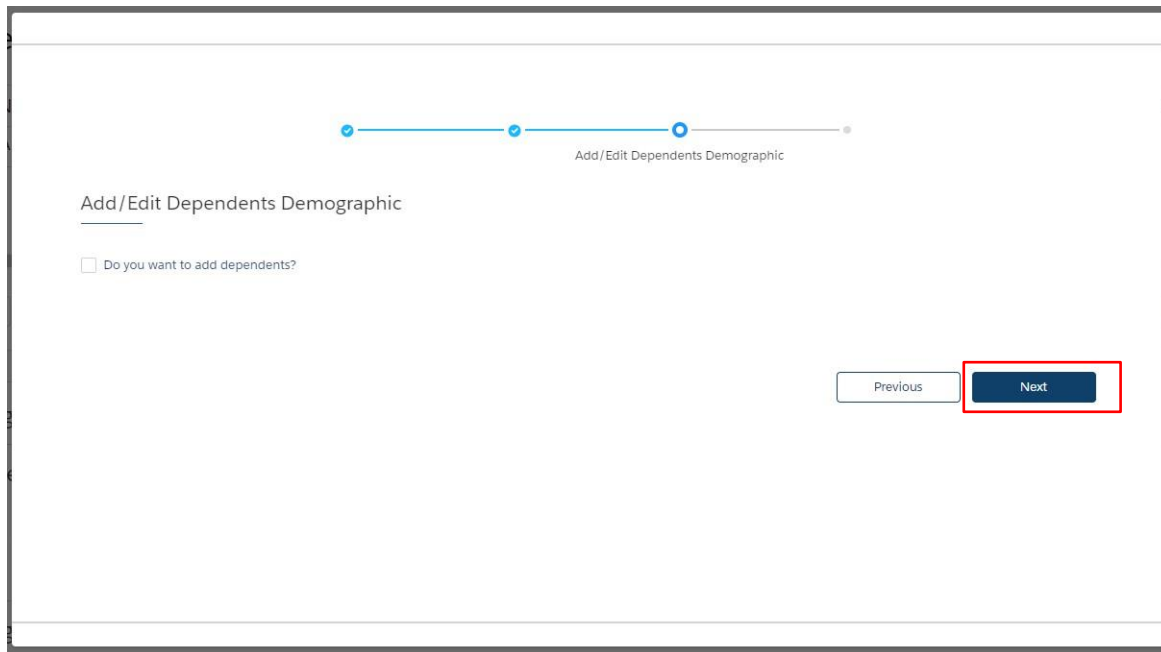
Mailing Address

* Street * City * State * Zip Code

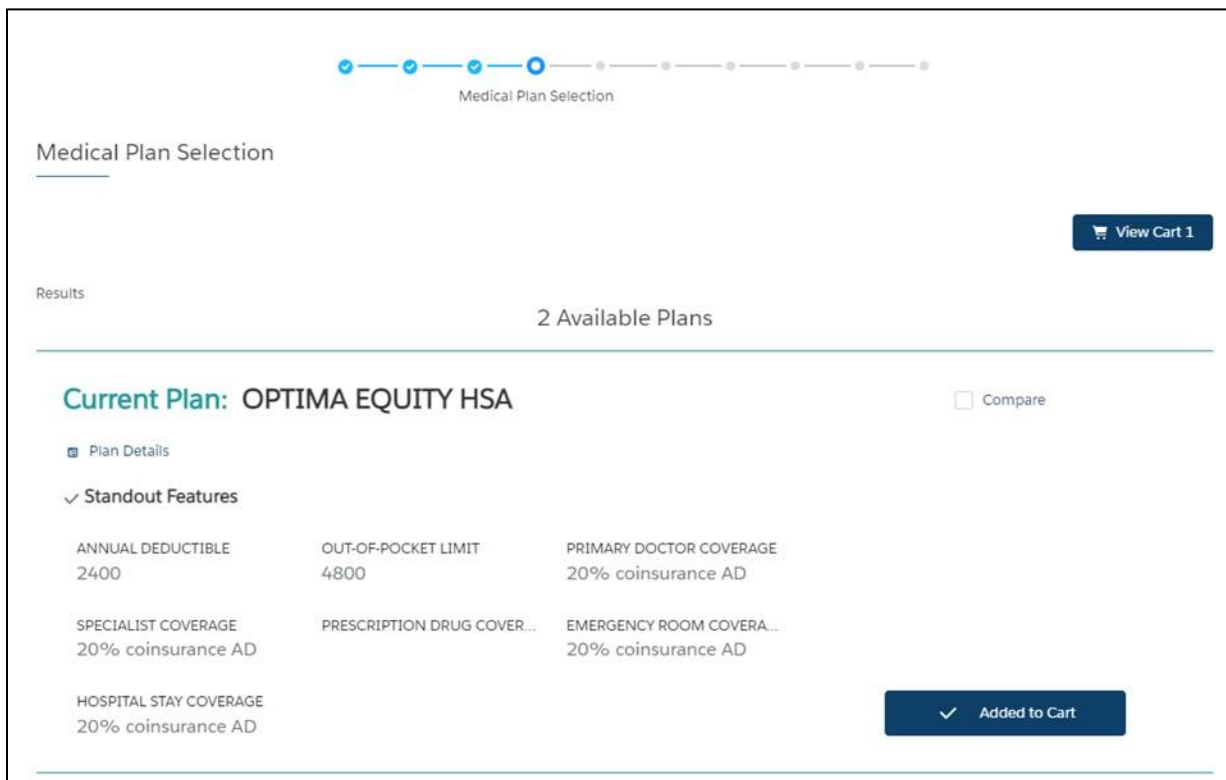
456 Test St Virginia Beach VA 23452

Previous Next

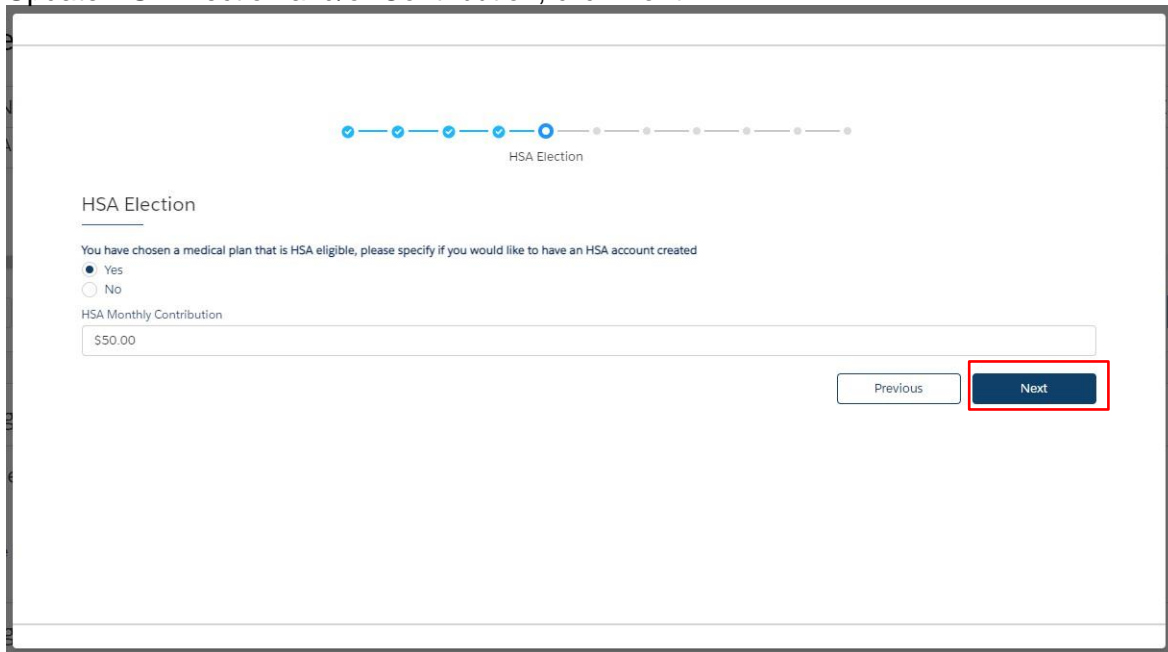
Add / Edit Dependents Demographics, click **Next**.



Equity Plan will already be in your cart, click **Next**.



Update HSA Election and/or Contribution, click **Next**.



The screenshot shows a web form titled "HSA Election". At the top, there is a progress indicator with a series of dots; the fourth dot is highlighted in blue and labeled "HSA Election". Below the progress bar, the form title "HSA Election" is followed by a sub-header "HSA Election". The main instruction reads: "You have chosen a medical plan that is HSA eligible, please specify if you would like to have an HSA account created". There are two radio button options: "Yes" (which is selected) and "No". Below this, there is a text input field labeled "HSA Monthly Contribution" with the value "\$50.00" entered. At the bottom right of the form, there are two buttons: "Previous" and "Next". The "Next" button is highlighted with a red rectangular border.

After completing the process, review your changes. If changes are needed, click **Edit**. If the information and selections are correct, click **Enroll**.

Summary

Summary

Selected Coverages

[Edit](#)

Medical Coverage Selected

Plans		
Medical Plan	OPTIMA EQUITY HSA	\$48.00/Mo
Subscriber:	Test Blue Test Last Name	\$50.00/Mo Contribution

Coverages Waived

Type



Dental

Cancer

Critical Illness


Voluntary Accident/Accident Plus

Dates of Coverages

Coverage Start Date	Coverage End Date
02/01/2022 	06/30/2022 

[Previous](#) [Enroll](#)

If details have been updated successfully, a confirmation screen will appear. Click **Finish**.



Final Success Step

Final Success Step

All Details has been updated successfully.

Finish

Current Plans will now reflect updates.

Note: you may need to refresh your screen if updates do not appear

PLAN NAME	PLAN TYPE	HSA	COVERAGE	START DATE	END DATE	YOUR COST	HSA AMOUNT	EMPLOYER COST
EQUITY PLUS/OOA 4000/20%	Medical	Yes	Employee Only	08/01/2022	02/28/2023	\$812.62	\$60.00	

Edit Dependent Information

To update a member's dependents, navigate to the member's details page, and scroll down to the **Dependents** section. Click on the arrow at the far right of the row and select **Update Dependent**.

Dependents					
DEPENDENT NAME	DOB	ADDRESS	RELATIONSHIP	GENDER	ACTIONS
Rhonda Test	01/01/2001	134 Park, Testing123, Baker fields, 56422	Spouse	Female	▼
test 009	08/01/2021	134 Park, Testing123, Baker fields, 5648995	Child	Ma	Update Dependent
test 009	08/01/2021	134 Park, Testing123, Baker fields, 5648995	Child	Male	▼

10 ▼ < 1 >

A pop-up window will appear with demographic information that is editable.

You can edit all fields but the dependent's social security number.

When you have completed your edits, click **Next**.

Edit Dependent Information

Please Confirm the information below is updated and accurate.

Relationship

* Relationship To Subscriber

Dependent

* First Name <input type="text" value="Robert"/>	Middle Name <input type="text"/>	* Last Name <input type="text" value="Cavill"/>
* Birth Date ⁱ <input type="text" value="08/04/2005"/>	* Gender <input type="text" value="Male"/>	SSN <input type="text" value="555-55-5555"/>

Additional Insurance

Mailing Address

Address Same As Subscriber

* Street <input type="text" value="10196 Noriega Ln"/>	* City <input type="text" value="Pensacola"/>	* State <input type="text" value="Florida"/>	Zip Code <input type="text" value="32514"/>
---	--	---	--

Additional Options

* Correspondence Preference

Next

Congratulations! You have successfully edited a dependent.

Dependent Updated

Dependent is successfully updated.

[Finish](#)

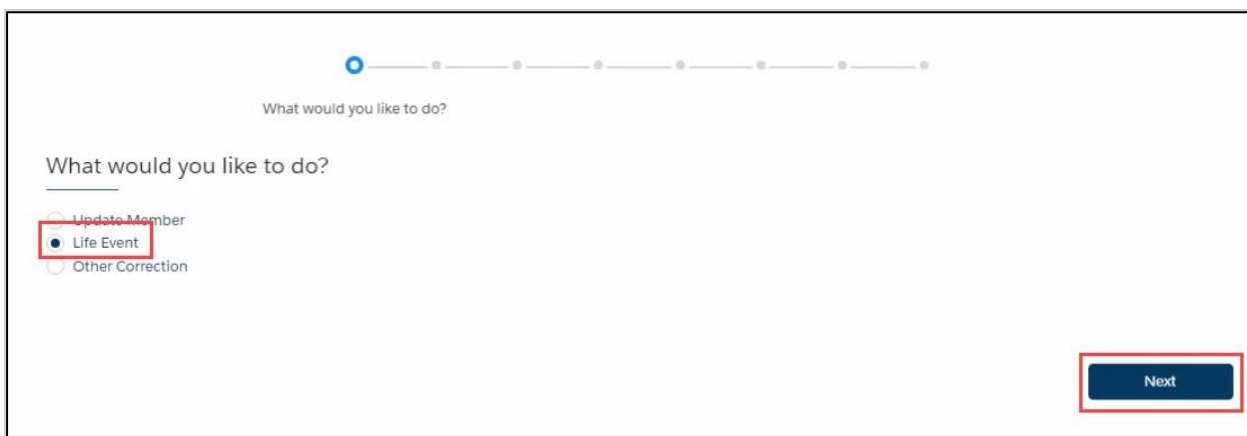
Terminate/Remove a Dependent's Coverage

To remove coverage for a dependent, click **Update Member** from the member details page.



Demographics Calculate Treatment Costs Update Member

Select **Life Event** to make edits and then click **Next**.



What would you like to do?

What would you like to do?

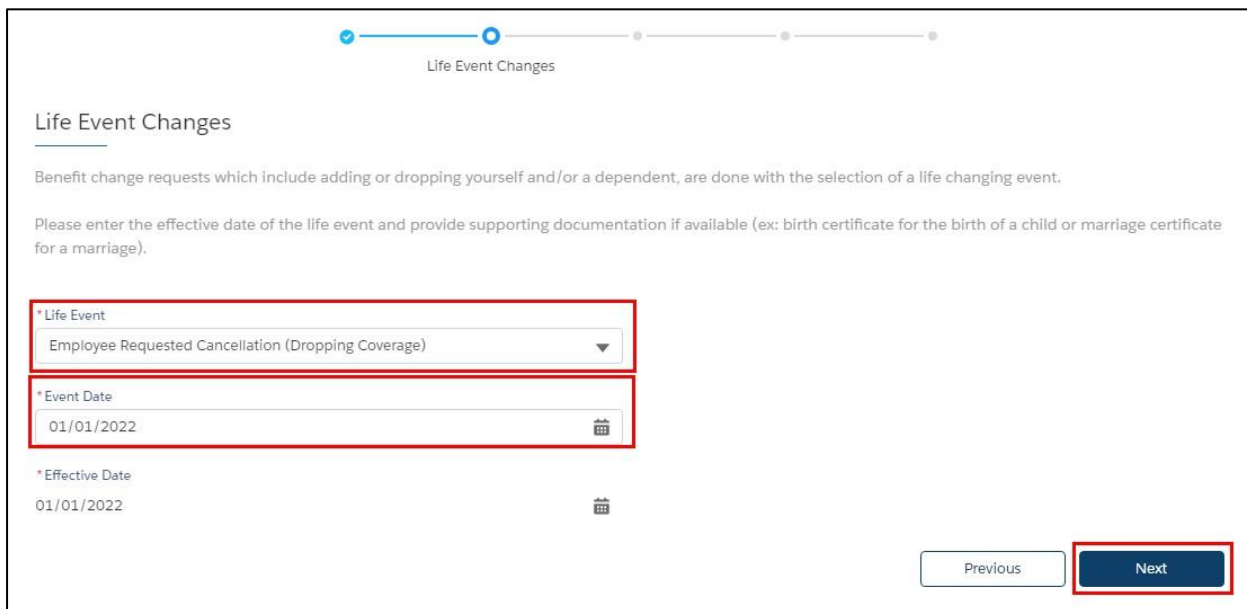
Update Member

Life Event

Other Correction

Next

Select **Employee Requested Cancellation (Dropping Coverage)** from the dropdown menu, provide the date of the event, and click **Next**.



Life Event Changes

Benefit change requests which include adding or dropping yourself and/or a dependent, are done with the selection of a life changing event.

Please enter the effective date of the life event and provide supporting documentation if available (ex: birth certificate for the birth of a child or marriage certificate for a marriage).


* Life Event
Employee Requested Cancellation (Dropping Coverage)

* Event Date
01/01/2022

* Effective Date
01/01/2022


Previous Next

Review member information and make edits as needed. Once you have completed your edits, click **Next**.



Edit Member Demographics:

Edit Member Demographics:

* First Name	Middle Name	* Last Name	Suffix
<input type="text" value="Shawn"/>	<input type="text"/>	<input type="text" value="Wilson"/>	<input type="text"/>
* Gender	* Date Of Birth 	SSN	
<input type="text" value="Female"/>	<input type="text" value="03/15/1983"/>	<input type="text" value="746-75-6745"/>	
* Phone Number	Email Address		
<input type="text" value="(746) 578-7000"/>	<input type="text" value="test123@gmail.com"/>		
Effective Date	Additional Insurance		
<input type="text" value="07-21-2021"/>	<input type="text" value="Other Coverage"/>		

Mailing Address

* Street	* City	* State	* Zip Code
<input type="text" value="134 Park Avenue"/>	<input type="text" value="Baker fields"/>	<input type="text" value="Testing"/>	<input type="text" value="87859"/>

[Previous](#) [Next](#)

On the following screens, uncheck the dependent's name for which you need to remove coverage in the **Dependents** section, then click **Next**.

Medical Plan Selection

Results

No Plans Available

I would like to waive my medical coverage

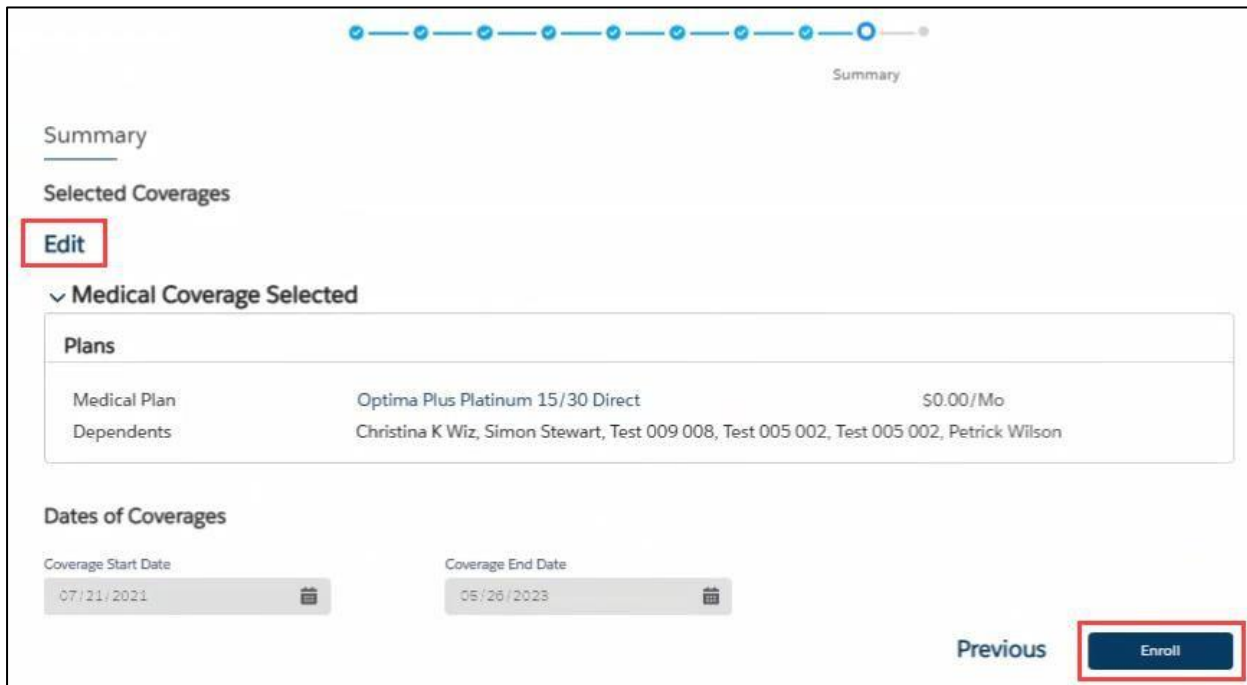
Dependents

Please select the dependents below to include in this coverage

<input type="checkbox"/>	Dependent Name	Relationship
<input checked="" type="checkbox"/>	Avery Smith	Child
<input checked="" type="checkbox"/>	Emily Smith	Child
<input checked="" type="checkbox"/>	Nancy Smith	Spouse

After completing the process of removing the dependent from applicable plans, review thyour changes. If changes are needed, click **Edit**.

If the information and selections are correct, click **Enroll**.



Summary

Selected Coverages

Edit

Medical Coverage Selected

Plans		
Medical Plan	Optima Plus Platinum 15/30 Direct	\$0.00/Mo
Dependents	Christina K Wiz, Simon Stewart, Test 009 008, Test 005 002, Test 005 002, Petrick Wilson	

Dates of Coverages

Coverage Start Date: 07/21/2021

Coverage End Date: 05/26/2023

Previous **Enroll**

If details have been updated successfully, a confirmation screen will appear. Click **Finish**.



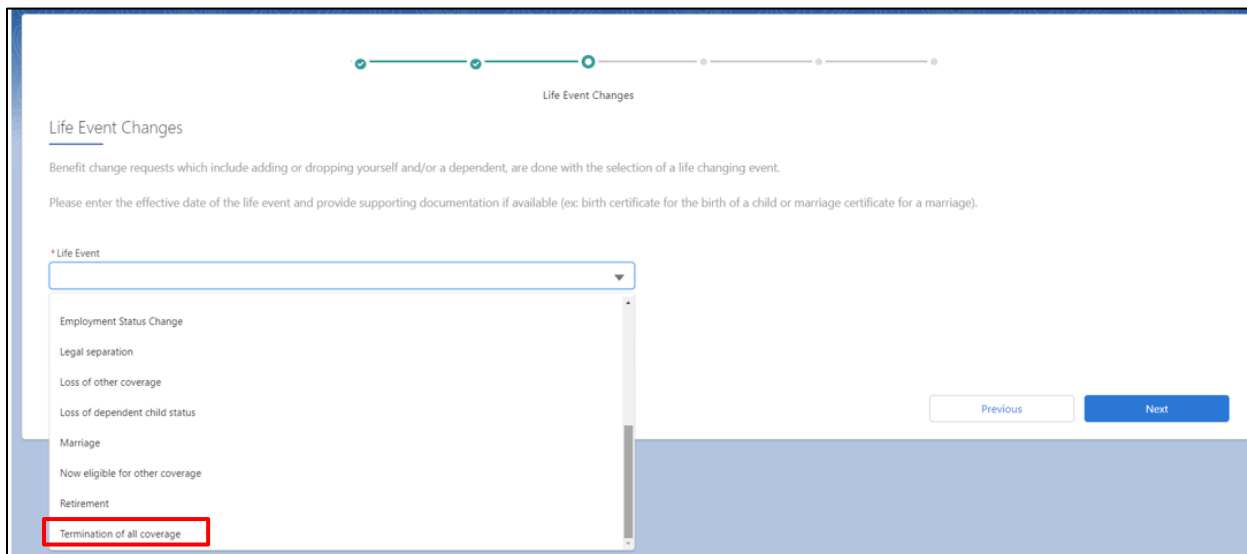
Final Success Step

All Details has been updated successfully.

Finish

Terminate Employee

To cancel member coverage, follow the process flow for *Update Life Event*, select **Termination of All Coverage** from the dropdown menu and enter the event date. Click **Next**.



Life Event Changes

Benefit change requests which include adding or dropping yourself and/or a dependent, are done with the selection of a life changing event.

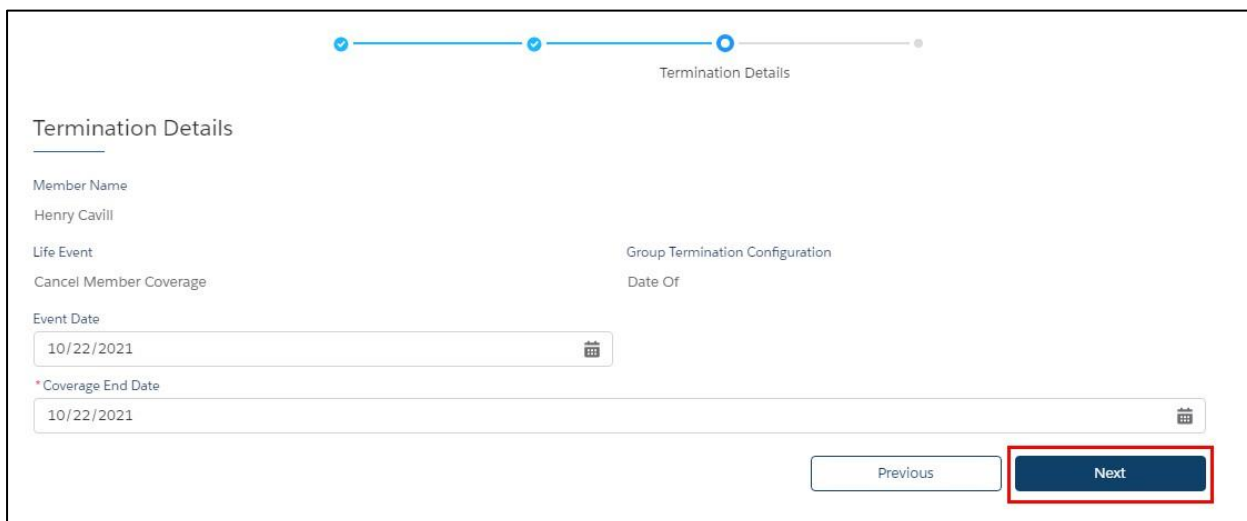
Please enter the effective date of the life event and provide supporting documentation if available (ex: birth certificate for the birth of a child or marriage certificate for a marriage).

* Life Event

- Employment Status Change
- Legal separation
- Loss of other coverage
- Loss of dependent child status
- Marriage
- Now eligible for other coverage
- Retirement
- Termination of all coverage**

Previous Next

Validate the information on the following screen and click **Next**.



Termination Details

Member Name
Henry Cavill

Life Event
Cancel Member Coverage

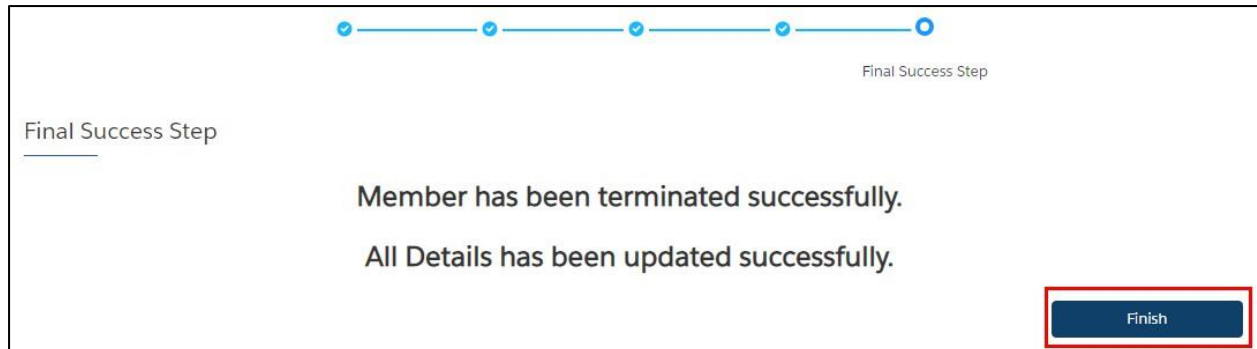
Group Termination Configuration
Date Of

Event Date
10/22/2021

* Coverage End Date
10/22/2021

Previous **Next**

You will receive confirmation that the member has been terminated. Click **Finish**.



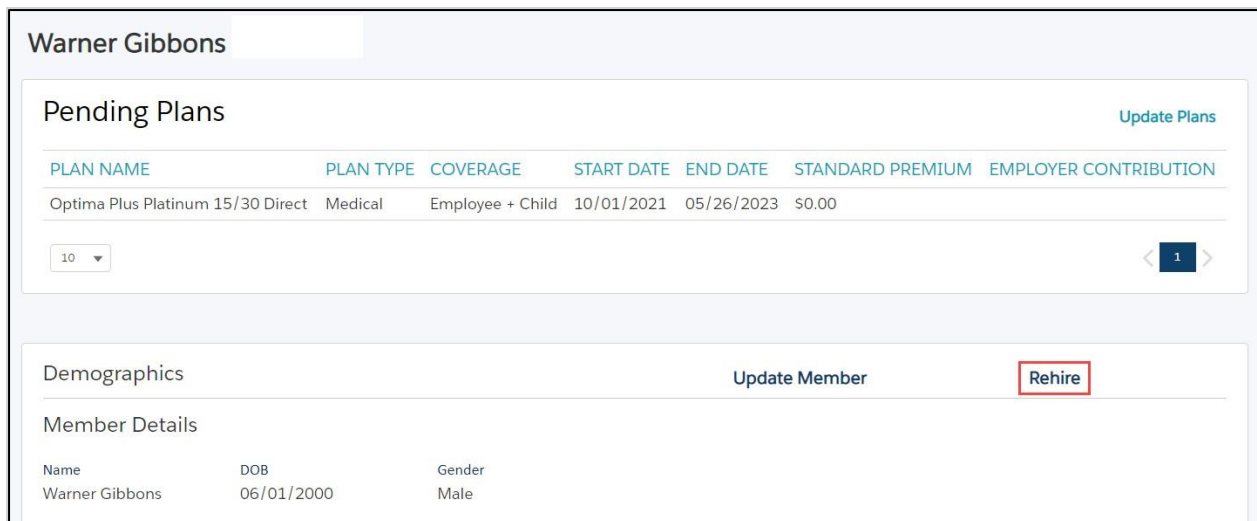
Final Success Step

Member has been terminated successfully.
All Details has been updated successfully.

Finish

Rehire Employee

To rehire an employee, navigate to their member record and click **Rehire**.



Warner Gibbons

Pending Plans [Update Plans](#)

PLAN NAME	PLAN TYPE	COVERAGE	START DATE	END DATE	STANDARD PREMIUM	EMPLOYER CONTRIBUTION
Optima Plus Platinum 15/30 Direct	Medical	Employee + Child	10/01/2021	05/26/2023	\$0.00	

10

Demographics [Update Member](#) [Rehire](#)

Member Details

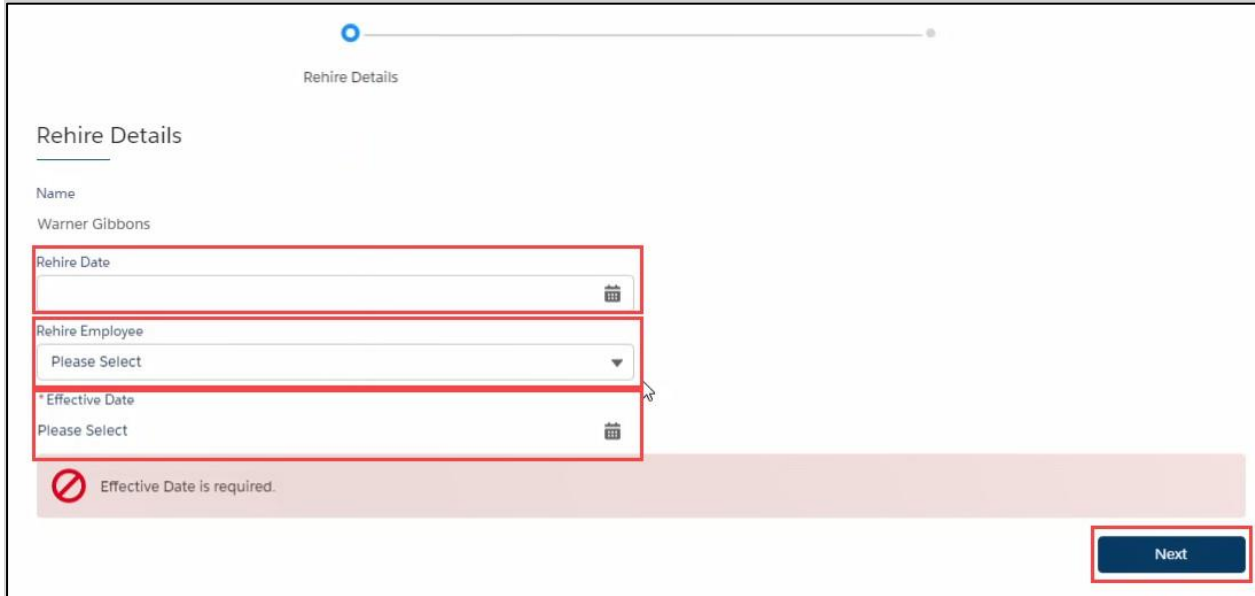
Name	DOB	Gender
Warner Gibbons	06/01/2000	Male

Provide the date of rehire and select the method of rehire from the dropdown. Your choices include:

- with a wait period: Requires employee to satisfy group's waiting period after rehire date.
- without a wait period: Does not require employee to satisfy group's waiting period after rehire date.
- no lapse in coverage: Coverage start date is the date following the previous coverage end date.
- never terminated: Used when employee was terminated in error.

Your selection on this dropdown menu will auto populate the **Effective Date** field.

Click **Next**.



Rehire Details

Rehire Details

Name
Warner Gibbons

Rehire Date

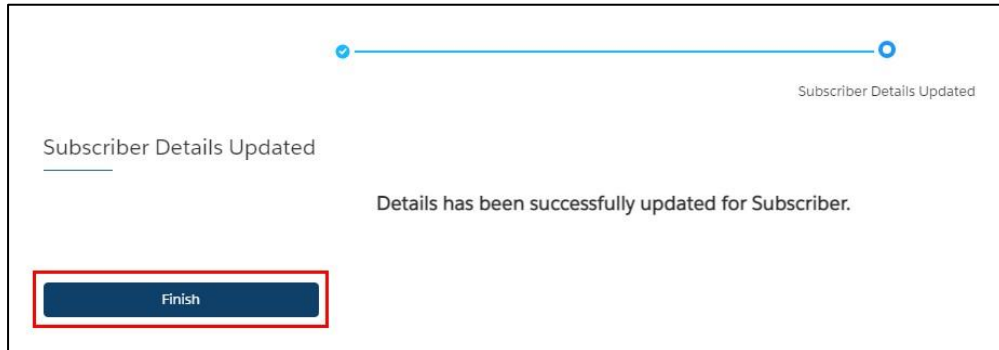
Rehire Employee
Please Select

* Effective Date
Please Select

Effective Date is required.

Next

You will receive confirmation that the member's details have been updated. Click **Finish**.



Subscriber Details Updated

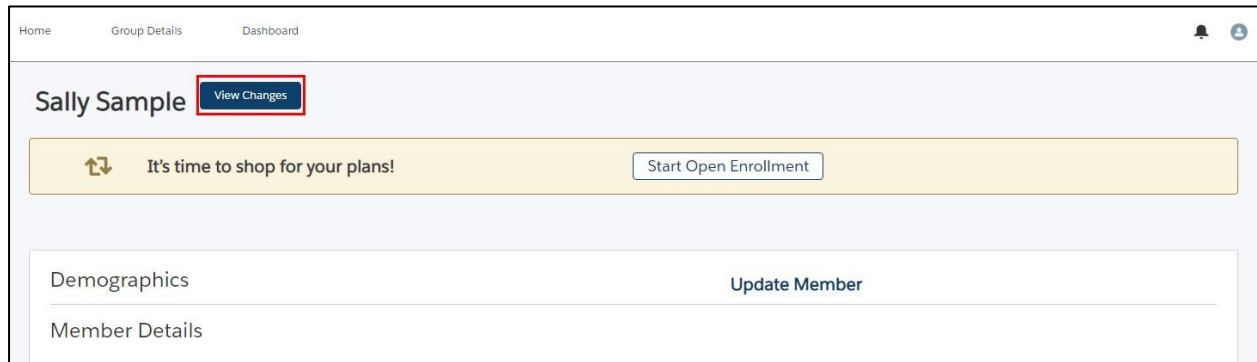
Subscriber Details Updated

Details has been successfully updated for Subscriber.

Finish

View/Accept Member Changes

To view the employee's pending changes, click **Update Member**, click **View Changes** (if applicable).




The screenshot shows a web interface for managing a member named Sally Sample. At the top, there are navigation links for Home, Group Details, and Dashboard, along with a notification bell and a help icon. Below the member's name, there is a 'View Changes' button highlighted with a red box. A yellow banner below that contains a refresh icon, the text 'It's time to shop for your plans!', and a 'Start Open Enrollment' button. At the bottom, there are sections for 'Demographics' and 'Member Details', with an 'Update Member' button positioned to the right of the 'Demographics' section.

A pop-up window will appear that contains a history of the changes to the employee's record.

You can view specific changes by clicking the arrow to the left of the change date or record title.

After reviewing the changes, close out of the window.



Employee History of Changes

Sally Sample:
MAIN

07-29-2021 to 08-04-2021

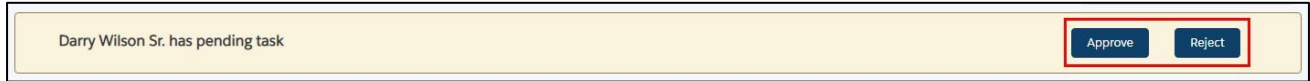
Subscriber Personal Information:

Sally Sample	Old Value	New Value	Changed By	Changed Date
MailingPostalCode	32555	325589	Gabby Habble	08-04-2021 14:41:38
created			Stephanie Striepeck	07-29-2021 10:55:37

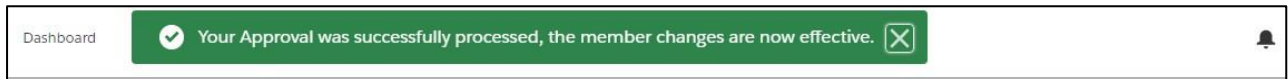
Dependent Personal Information:

Charlotte Sample	Old Value	New Value	Changed By	Changed Date
created			Stephanie Striepeck	07-29-2021 20:13:35

After reviewing the changes, a banner will display on the employee's member details page, prompting you to **Accept** or **Reject** changes. Select **Accept** or **Reject**.



A confirmation will appear at the top of your screen if the transaction was completed successfully.



Approve All Transactions

On the **Group Details** page, you can select **Approve All Transactions** to approve all member updates. Prior to approving transactions, you can view them by clicking **Enrollment Tasks**.

Diverse Lynx LLC

Group Number: 000013	Group Type: Group	Contract Start Date: 08/01/2021	Contract End Date: 08/01/2022	Contract Renewal Date: 08/02/2022
-------------------------	----------------------	------------------------------------	----------------------------------	--------------------------------------

Group Demographics

Address					
Street Address	City	State	Zip Code	Phone Number	Fax Number
321 Cheyenne Street	Coffeyville	KS	20101	(315) 362-1344	

Enrollment Tasks

[Enrollment Tasks](#) [Approve All Transactions](#)

On the pop-up window, select **Yes** or **No**, then click **Finish**.

Do you want to approve all transactions?

Yes
 No

[Next](#)

Congratulations! All pending transactions have been approved. Click **Close**.

All the Pending tasks are Approved.

[Previous](#) [Close](#)