The Dental Care PLUS GROUP A DentaQuest Company

Job Aid – Terminate Member Coverage

1. From the **Member Benefit Maintenance** screen, select the **Terminate Coverage** link. The **Terminate Coverage** section appears.

Home > Member List > Member	Detail > Member Detail					
		Member Benef	fit Maintenanc	e		
This page has options for you to any changes, click the Back but	edit a member's information, add d ton to return to the previous page and	lependents, terminate coverage d edit information appearing inco	and more. Every trans orrectly on the Review	saction will bring) / Page.	ou to a review screen prior to	submitting. When reviewing
Service Date 01/28/2008 Client Name ABC Corporation	0012347401					
Members	🔍 View Member Information	🥖 Edit Address 📝 Edit Men	nber Information 🕀	Add Depender	Terminate Coverage	Change Benefit Selection
Member Name	Relationship	Member Number		DOB	Gender	Apply to
▶ SMITH, JASON	Self	123456789		02/26/1978	UNKNOWN	<u>~</u>
View Member Informatic Member Name Smith, Ja Member Number 1234567 DOB 02/26/197 Gender UNKNOW Address UNKNOWN 20 DO	on son 39 18 10 10 GLAS DRIVE		Relationship Student Status Code Disabled	Self e Not a Student N		
		Review				

- 2. By default, the subscriber and all dependents will be selected for termination.
 - a. To terminate the entire family, leave the checkboxes select.
 - b. Deselect any dependents that should not be terminated.
- 3. In the **Current Subgroups** section, select the subgroup(s) where coverage should be terminated by selecting the .
- 4. Enter the date coverage should end for each of the selected subgroups in the **Termination Date** field.
- 5. Click **Review** to save the changes and return to the **View Member Information** screen.

ome > Member Eligibil	ity Search > Member	Eligibility List > Member De	etail				
		Member	Benefit Maintenance				
his page has options fo submitting. When rev	or you to edit a memb iewing any changes,	per's information, add deper click the Back button to ret	ndents, terminate coverage and more urn to the previous page and edit info	e. Every transac rmation appear	tion will bring you to a ing incorrectly on the R	review screen p leview Page.	
ervice Date 11/02/201 lient Name ABC Corpo	11 pration 0012347401		Du default the subscrib	or will be			
lembers			bigblighted and all deper	er will be	Terminate Coverage		
lember Name	Relati	onship Men	be checked off. If you do	o not wish	Gender	Apply to	
ALVIN ADDY	Child	9871	to terminate the whole	ONKNOWN			
CLARICE ADDY	Child	9871	individuals you wish to t	UNKNOWN			
JAIME ADDY	Child	9871	and then click the Appl	and then click the Apply To box			
DARRELL ADDY	Self	9871	next to each additiona	al family	UNKNOWN		
DINA ADDY	Spous	e 9871	member who shoul	ld be	UNKNOWN		
- Terminate Covera	age	invictionance prior to culturi	terminated.				
rou will be given the o	pportunity to review a	iny changes prior to submit	ung utern.				
- Current Subgro	ups						
Subgroup	Subgroup No	Line Of Business No	Eligibility Benefit Dates	Select	Termination Date*		
ABC Corporation	0012347401		09/20/2010 -				
		Connect	Design				
		Cancel	Request				