Terminate/Reinstate Subscriber

Quick Reference Guide (QRG)



COAREC

This Quick Reference Guide (QRG) will provide an overview of the process for terminating/reinstating a subscriber.



Let us look at the steps in detail to terminate and reinstate Subscriber.

Purpose: To Reinstate and Terminate Subscriber





s	E Step 3) 3:	1. Clic Note Depe cove selec	k Searc :: Check the endents). (rage is Fu ct Active of	h. De Subs Check th ture Effo or Inacti	criber (ne Futur ective. T ve.	Dnly checkbox re Effective ch The Member St	to search for \$ eckbox to sea t atus drop-dov	Subscribers rch only for vn menu dei	only (excludin members whc faults to All . Y	ig ise íou can
Search By None) Subgroup I	D 🔿 Subgroup	Name	Member All	Status		~				
Subscribe	er Only	Future	e Effective		Search		Reset Search				
Exporting se	arch results v	vill show more det	tails for each men	nber.						Export Membe	er Roster
Subgroup ID	Class ID	Member ID	Member Name	Date of Birth	SSN	Gender	Relationship to Subscriber	Coverage Start Date	Termination Date	Original Effective Date	Status
<u>1001</u>	1001	K5500160802	BEDFORD, JOE	01/04/1999	XXX-XX- 8675	Male	Child	01/01/2020		01/01/2020	Active
<u>1001</u>	1001	K5500160801	BEDFORD, SARAH	01/01/1976	XXX-XX- 8786	Female	Subscriber	01/01/2020	-	01/01/2020	Active
<u>1001</u>	1001	K5500162001	COOK, ANDREW	08/06/1967	XXX-XX- 0099	Male	Subscriber	01/01/2020	-	01/01/2020	Active
<u>1001</u>	1001	K5500162002	COOK, BETH	09/08/1967	XXX-XX- 7876	Female	Spouse	01/01/2020	-	01/01/2020	Active
<u>1001</u>	1001	K5500161901	FRANCO, MATHEW	09/01/1967	XXX-XX- 6545	Male	Subscriber	01/01/2020	-	01/01/2020	Active



The results display.

1. Click **Member ID** to view member details.

Note: Records can be sorted by desired field; by default, they are sorted by Member Name.

Step 4:

Subgroup ID	Class ID	Member ID	Member Name	Date of Birth	SSN	Gender	Relationship to Subscriber	Coverage Start Date	Termination Date	Original Effective Date	Status
<u>1001</u>	1001	K5500160801	BEDFORD, SARAH	01/01/1976	XXX- XX- 8786	Female	Subscriber	01/01/2020	•	01/01/2020	Active
<u>1001</u>	1001	K5500162001	COOK, ANDREW	08/06/1967	XXX- XX- 0099	Male	Subscriber	01/01/2020	171	01/01/2020	Active
<u>1001</u>	1001	K5500161901	FRANCO, MATHEW	09/01/1967	XXX- XX- 6545	Male	Subscriber	01/01/2020	-	01/01/2020	Active
<u>1001</u>	1001	K2500001901	HOC, Sridhar	01/05/1983	XXX- XX- 6333	Male	Subscriber	01/01/2021		01/01/2021	Active
1001	1001	K5500161201	JACKSON,	09/06/1965	XXX-	Female	Subscriber	01/01/2020	01/21/2021	01/01/2020	Inactive

E Step 5:	 The Subscriber Details s Click Subscriber Ac Click Terminate Su subscriber. 	screen displays. ctions . bscriber from the dro	p-down me	enu to terminate
	Subsc	riber Details		
				Subscriber Actions
Status Active	Termination Date -	Member Name BEDFORD SARAH	Member I K5500160	Add Dependent
Address 11 FIRST STREET, NO	Email ew York, NY, -	Mobile Phone Number -	DOB 01/01/197€	Change Name Change Marital Status
10011 Marital Status	SSN	Gender	Referral R	Change Subscriber Address
Married	XXX-XX-8786	Female	No	Change Date of Birth Change PCP
				Change Plan
				Terminate Subscriber
✓ Member II	nformation			Change Language / Ethnicity / Race

Step 6:	 The Terminate Subscriber sc Note: First Name, Middle Name and 1. Enter Termination Date. 2. Select Reason for Cancer Note: Cancelling coverage for dependents. Additionally, the termination of the second second	reen displays. the Last Name are prepopulated. ellation from drop-down menu. Subscriber will cancel coverage for all the Subscriber's ermination date cannot be before the effective date.
	Terminate S	Subscriber
	First Name SARAH	Middle Name
	LastName BEDFORD	suffix MRS
	Termination Date*	Reason for Cancellation*
		Voluntary withdrawal A Voluntary termination of employment
	Please note, canceling coverage for a subscriber's dependents.	Involuntary layoff Involuntary reduction of hours
	*Required information	Leave of Absence Obtained other Coverage
	Sav	Enrolled in error Medicare eligible
	Canc	Jeatn of employee







Step 3:	 Select a date from the Coverage Start Date* drop-down calenda Click Next.
ome > Subscriber Reinstate	
	Get Started
	Reinstate an employee's coverage
Name AMY JACKSON	
Address 12 FIRST STREET,New York,	νγ,10010
Coverage Start Date* 03/15/2022	10
the mixed information	
*Required information	
	Next

	(Employer Cens	0	•		
	<	Emplo	oyer Census			
	Use the table b	elow to confirm the plans you	ı want reinstated for the	employee and their d	dependents.	
Existing Class						
Existing Medical Plan MS030006 - FLEXPOS HSA \$3000/\$6	0000 CNT 07					
Existing Subgroup 1001 - CCI LG TEST SUBGROUP						
Available Subgroups*						
Class*						
V Employee						
First Name AMY	Last Name JACKSON		Gender Female		Birth Date 09/06/1965	
M <mark>arital Status</mark> Married		Relationship Employee				
Steent Address		Zin Code		State	City	
12 FIRST STREET		10010		NY	New York	
Home Phone Number 1712387868	Mobile Phone I	lumber	Personal Email		SSN XXX-XX-8778	
Race		Ethnicity Not Assigned		Lar	nguage	
Status Active						
Medical Plans						
None						
03/15/2022						
V Dependent						
Add dependent to reinstatement requ	Jest					
First Name MICHEAL	Last Name JACKSON		Gender Male		Birth Date 01/08/1979	
Relationship Spouse/Domestic Partner		Disabled Dependent		Hon 171:	ne Phone Number 2387868	
Mobile Phone Number	Student Status N O		Personal Email		SSN XXX-XX-8787	
Status						
AUUVE		Ethnicity				
Race		Not Assigned		Lar	nguage	

B	The Review Application page displays.1. Review the information.2. Click Next.
Step 5:	O Review Andiration
	< Review Application
✓ Review Application	Please review and confirm the details of your application below. You can click on a step in the progress bar to make any changes.
First Name AMY	
Last Name JACKSON	
Zip Code	
City New York	
State NY	
County New York	
V Qualifying Life Event Information	
Qualifying Event Reinstate Subscriber	
✓ Employee information and Plan Select	ction
Existing Class	
Existing Medical Plan MS030006 - FLEXPOS HSA \$300	0/\$6000 CNT 07
Existing Subgroup 1001 - CCI LG TEST SUBGROUP	
Available Subgroups 1001 - CCI LG TEST SUBGROUP	
Class	
> Employee	
> Dependent	
	If the above information above is correct, hit "Next" to submit the application to ConnectiCare for review.
	Next
	Cancel



Thank You

