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





5	E Step 3	3:	Note Depe cove	endents).	ne Subs Check th ture Eff	he Futu i ective. T	re Effective ch	to search for S neckbox to sea t atus drop-dov	rch only for	members who	se
Search By None) Subgroup I		Name 9 Effective	Member All	Status Search		Reset Search				
		vill show more det		ber. Date of Birth	SSN	Gender	Relationship to Subscriber	Coverage Start Date	Termination Date	Export Membr Original Effective Date	er Roster
<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	1870	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	180	01/01/2021	Active
1001	1001	K5500161201	JACKSON,	09/06/1965	XXX-	Female	Subscriber	01/01/2020	01/21/2021	01/01/2020	Inactive

Step 5:	 The Subscriber Details s Click Subscriber Ac Click Terminate Su subscriber. 		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	Email	Mobile Phone Number	DOB	Change Name
11 FIRST STREET, NO 10011	ew York, NY, -		01/01/197€	Change Marital Status Change Subscriber Address
Marital Status Married	SSN XXX-XX-8786	Gender Female	<mark>Referral R</mark> No	
				Change PCP
				Change Plan Terminate Subscriber
				Terminate Subscriber
∽ Member II	nformation			Change Language / Ethnicity / Race

Step 6:	Note: Cancelling coverage for	
	Terminate S	Subscriber
	First Name SARAH	Middle Name
		Suffix MRS
	Termination Date*	Reason for Cancellation*
		Voluntary withdrawal Voluntary termination of employment
	Please note, canceling coverage for a subsc subscriber's dependents.	Involuntary reduction of hours
	*Required information	Leave of Absence Obtained other Coverage
	Sav	Enrolled in error Medicare eligible Onthe Second
	Canc	Death of employee







Step 3:	 The Reinstate an employee's coverage page displays. Select a date from the Coverage Start Date* drop-down calenda Click Next.
Iome > 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
*Required information	
	Next

	c	Employer Census	s 0	•		
	<	Emplo	yer Census			
	Use the table b	elow to confirm the plans you w	want reinstated for the e	mployee and their de	pendents.	
Existing Class						
Existing Medical Plan MS030006 - FLEXPOS HSA \$3000/\$6	000 CNT 07					
Existing Subgroup 1001 - CCI LG TEST SUBGROUP						
Available Subgroups*						
1001 - CCI LG TEST SUBGROUP						
V Employee						
First Name AMY	Last Name JACKSON		Gender Female		Birth Date 09/06/1965	
Marital Status Married		Relationship Employee				
Street Address		Zip Code	s	State	City	
12 FIRST STREET	Mobile Phone N	10010	4	4Y	New York	
1712387868		umber	Personal Email		XXX-XX-8778	
Race		Ethnicity Not Assigned		Lang	guage	
Status Active						
Medical Plans None						
Coverage Start Date 03/15/2022						
✓ Dependent						
Add dependent to reinstatement requ	lest					
First Name MICHEAL	Last Name JACKSON		Gender Male		Birth Date 01/08/1979	
Relationship Spouse/Domestic Partner		Disabled Dependent			e Phone Number 387868	
Mobile Phone Number	Student Status			1712.	SSN	
Status	No		Personal Email		XXX-XX-8787	
Active						
Race		Ethnicity Not Assigned		Lang	Juage	

B	The Review Application page displays.1. Review the information.2. Click Next.
Step 5:	O Review Application
	< 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 10010	
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

