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Employer Services Portal (ESP) Quick Guide

How to terminate dependents

- 1. On the left navigation menu, click **Eligibility**. *Image 1*
- 2. Search for the intended subscriber on the search subscriber tab by name or ID. Click **Submit.** *Image 2*
- 3. Click the Active Subscriber ID. *Image 3*



Benefits					
Reports	Search Subscribers Find subscribers by either ID or Name. At least the first two letters are	required for First Na	ms . Use an asterisk (') at the end of the search criteria	for wildcard search.	
Users	Search by ID Subscriber SM/ Alternate ID	or	Search by Name First Name First Name	Last Name Last Name	
	New As Of Date Functionality As Of mm/dd/yyyy Lase film is seen for new false excellence excellence				
	Submit				

Subscriber ID	Subscriber Last Name	Subscriber First Name	Subscriber Birthdate	Client Number	Sub-client Number	Sub-client Name	Eligiblity Status	Effective Date	
XXX-XX-00001	LAST	FIRST	XX/XX/XXXX	00001	0001	Sub-client Name Test	ACTIVE	XX/XX/XXXX	
XXX-XX-0002	LAST	FIRST	XX/XX/XXXXX	00001	0001	Sub-client Name Test	ACTIVE	XX(/XX/XXXXX	
items per page: 10	•						1 – 2 of 2		

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How to terminate dependents

- 4. Click **Term Dependents** below the dependent information. *Image 4*
- 5. Fill out fields for:
 - Coverage term date (first day without coverage)
 - Coverage term reason
 - The dependent(s) to be termed

Click Submit.

*Coverage term date is the first day without coverage rather than the last day with coverage.

Plan	0	average Type	Effect	ive Date	Alternate ID			
PLAN NAME	S	ubscriber and 1 Child	1 XX/:	0/222	00000001			
Special Attributes								
Special Attributes		Representa	stive Attributes					
Dental Dependents								
Dependent Type	Last Name	First Name	Middle Name	Birthdate	Eligibility Status	Effective Date		
Non-Spouse	LAST	FIRST	MIDDLE	XX/XX/XXXX	ACTIVE	XX/XX/X000X		
Non-Spouse	LAST	FIRST	MIDDLE	XX/XX/XXXXXX	ACTIVE	XX/XX/XXX/XXXX		
Add New Depo	endent Term [Dependents						
Vision Plan O	verview				☆Transf	er - Term Edit Inf		
Vision Plan O Plan Information	verview				☆Transf	er - Term Edit Inf		
Vision Plan O Plan Information	verview	igibility Status	Eligibility Status Reason		≍Transf	er - Term Edit Inf		

Coverage Term Date* 1/1/2025	Ē	Coverage Term Reason*
First day without coverage		
lect dependent(s) to	term	
lect dependent(s) to Member Type	term Name	
lect dependent(s) to Member Type	term Name FIRST LAST	
lect dependent(s) to Member Type	term Name FIRST LAST	
lect dependent(s) to Member Type	term Name FIRST LAST	

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How to terminate dependents

The screen will show a green highlight over the dependent's name and Success.
 Image 6

6		Terr	n Depen	dents		
	t Type	Coverage T	ferm Date 🔺		Coverage Term Reason *	Effective
		9/2/20	024	۵	Coverage termed	06/01/203
	use	First day	without coverage	term		06/01/202
	use		Member Type	Name		06/01/202
			Spouse	Tamara Aho		08/30/20
			Non_spouse	Clay Aho		08/30/20
	use		Non_spouse	Joanna Aho		06/01/202
	use		Non_spouse	Nels Aho		06/01/202
	d Ne		Non_spouse	Jack Aho	Success	
		Sub	omit Cano	el		