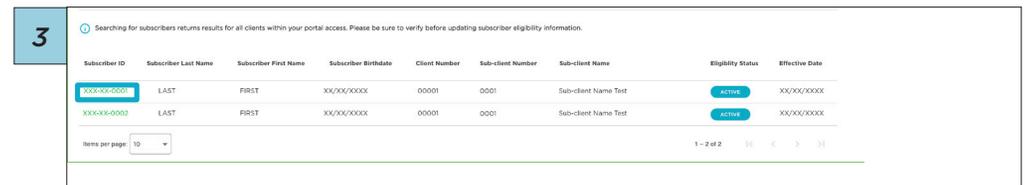
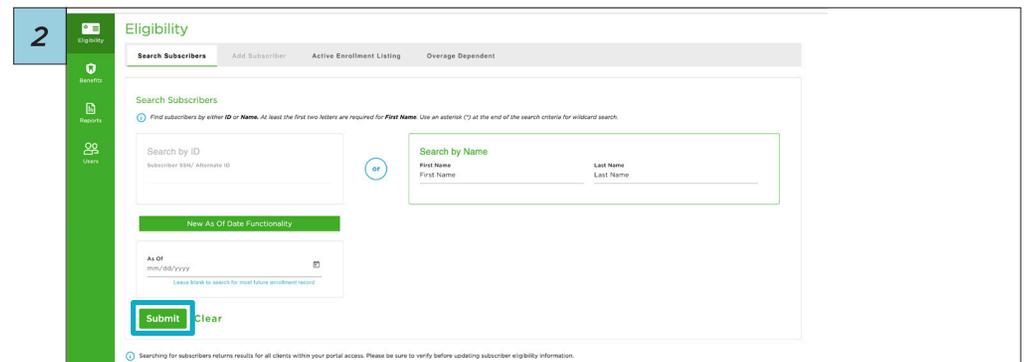
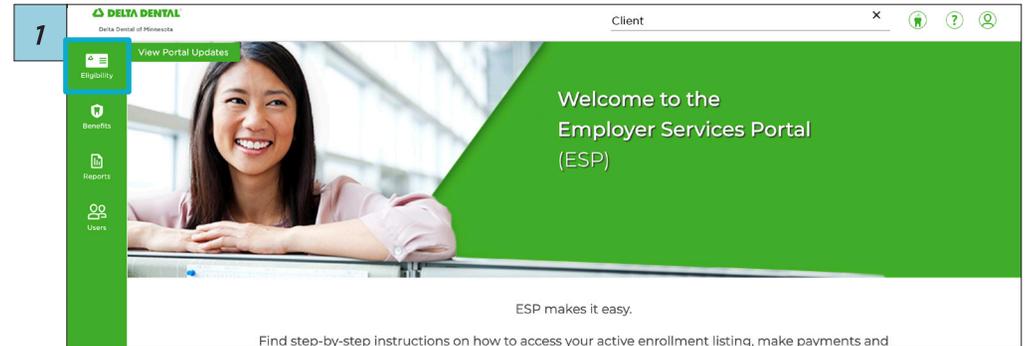


Employer Services Portal (ESP) Quick Guide

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



Employer Services Portal (ESP) Quick Guide

How to terminate dependents

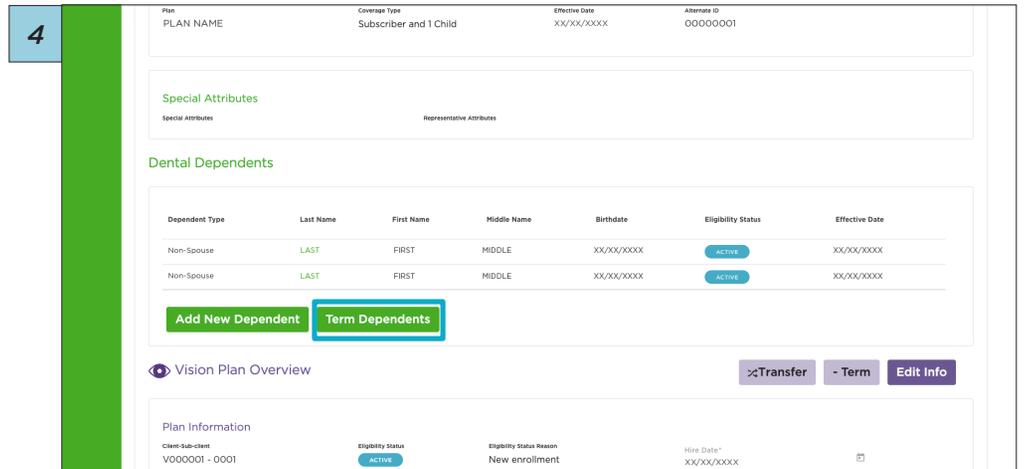
4. Click **Term Dependents** below the dependent information.
Image 4

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.*

4



Plan PLAN NAME Coverage Type Subscriber and 1 Child Effective Date XX/XX/XXXX Alternate ID 00000001

Special 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/XXXX
Non-Spouse	LAST	FIRST	MIDDLE	XX/XX/XXXX	ACTIVE	XX/XX/XXXX

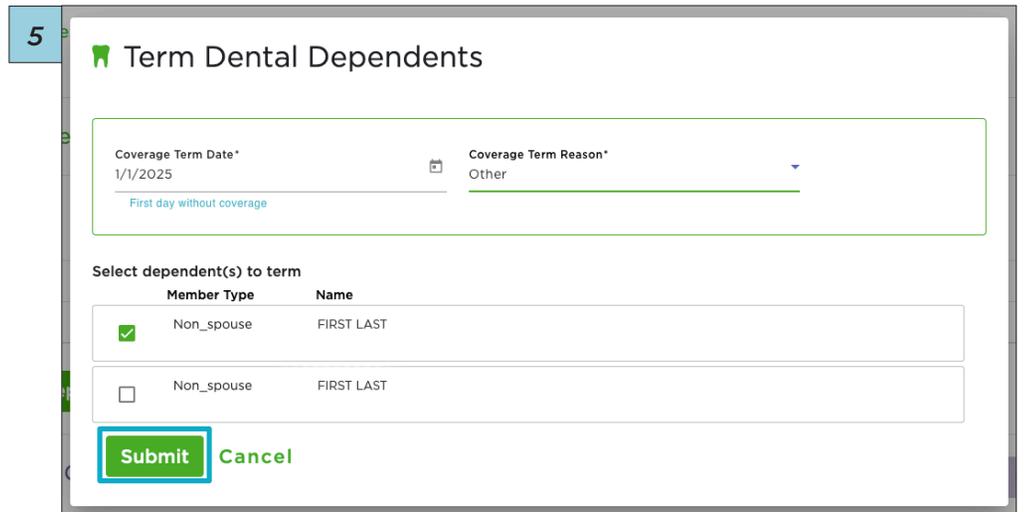
Add New Dependent **Term Dependents**

Vision Plan Overview Transfer - Term Edit Info

Plan Information

Client-Sub-Client	Eligibility Status	Eligibility Status Reason	Hire Date*
V000001 - 0001	ACTIVE	New enrollment	XX/XX/XXXX

5



Term Dental Dependents

Coverage Term Date* 1/1/2025 First day without coverage

Coverage Term Reason* Other

Select dependent(s) to term

Member Type	Name
<input checked="" type="checkbox"/> Non_spouse	FIRST LAST
<input type="checkbox"/> Non_spouse	FIRST LAST

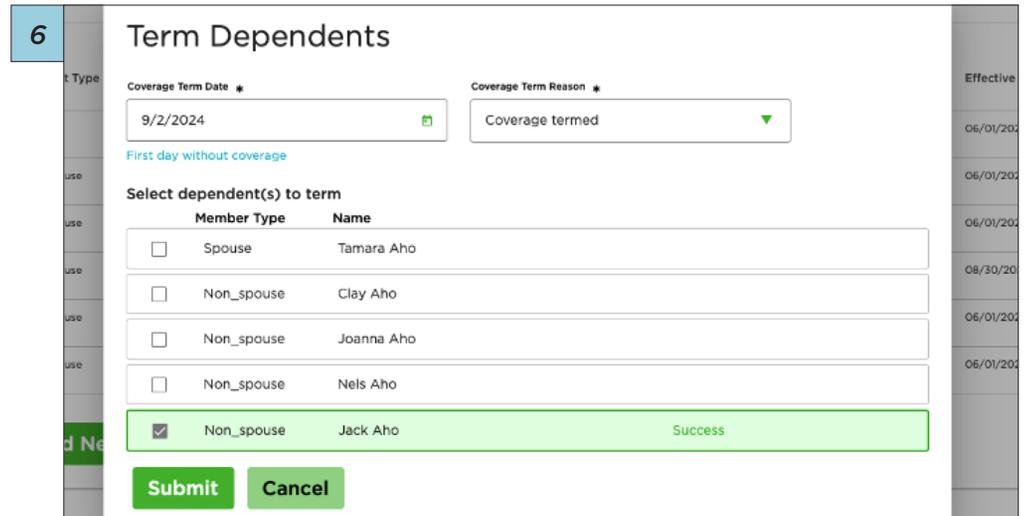
Submit Cancel

Employer Services Portal (ESP) Quick Guide

How to terminate dependents

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

Image 6



6 Term Dependents

Coverage Term Date * 9/2/2024
Coverage Term Reason * Coverage terminated

First day without coverage

Select dependent(s) to term

Member Type	Name
<input type="checkbox"/> Spouse	Tamara Aho
<input type="checkbox"/> Non_spouse	Clay Aho
<input type="checkbox"/> Non_spouse	Joanna Aho
<input type="checkbox"/> Non_spouse	Nels Aho
<input checked="" type="checkbox"/> Non_spouse	Jack Aho

Success

Submit Cancel