

Benefit Manager Toolkit® Quick Guide

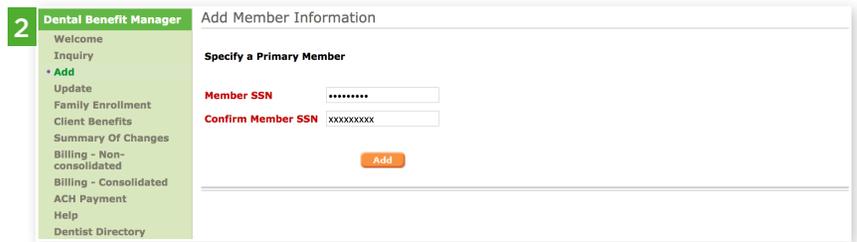
How to add a member

1. Click **Dental Benefit Manager** to access features of the BMT.

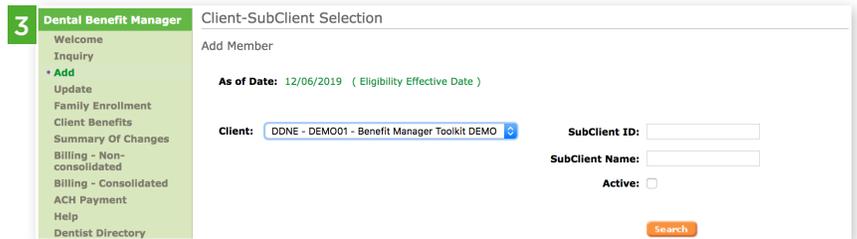
In the expanded menu, click **Add**.



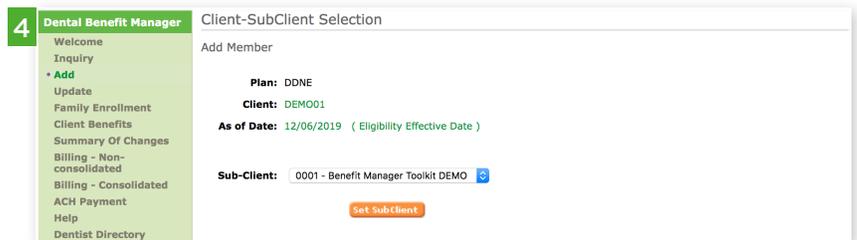
2. Enter the member's Social Security number and click **Add**.



3. Select Client ID from the drop down menu and click **Search** to add a member.



4. Set the Sub-client from the drop down menu (previously called sub group).



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How to add a member

5. Enter the member's Information and click **Update**.

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Dental Benefit Manager

Update Member

Plan: DDNE **Internal COB:** No

Client-SubClient: DEMO01 - 0001 **External COB:** Yes

Member Name: Jamal Collins **COB Tracking:** No

SSN: 000000000

Member Information

Received Date: 12/06/2019

Prefix	Last Name	First Name	Middle Name
<input type="text"/>	<input type="text" value="Collins"/>	<input type="text" value="Jamal"/>	<input type="text"/>
Birth Date	SSN	Eligibility Effective Date	Eligibility Status Reason
<input type="text" value="11/29/1992"/>	<input type="text" value="000000000"/>	<input type="text" value="12/05/2019"/>	<input type="text" value="New enrollment"/>
Eligibility Status	Hire Date	Address Line 1	Address Line 2
<input type="text" value="Active"/>	<input type="text"/>	<input type="text" value="8623 Fremont Ave N"/>	<input type="text"/>
Country	State	City	County
<input type="text" value="United States"/>	<input type="text" value="Minnesota"/>	<input type="text" value="Brooklyn Park"/>	<input type="text"/>
Email Address(es)	Phone Number	Zip	EEOB Indicator
<input type="text"/>	<input type="text"/>	<input type="text" value="55444"/>	<input type="checkbox"/>
Cell Phone Number	Fax Number	Extension	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

- Member Benefit Type
- Designated Representative
- Special Attribute
- Member Attribute
- Client Field
- Person Information
- Address

6. The member information will now populate.

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Dental Benefit Manager

Family Composite

Plan: DDNE **Internal COB:** No

Client-SubClient: DEMO01 - 0001 **External COB:** Yes

Member Name: First Last **COB Tracking:** No

SSN: 000000000 **Product:** Delta Dental PPO plus Premier

Address: 123 Street, City, MN, Zip **Coverage Type:** Subscriber and Spouse

Family Information

Name	Birth Date	Dependent Type	Eligibility Status	Eligibility Effective Date	Special Attribute	Options
First Last	11/29/1992	-	Active	12/05/2019		<input type="button" value="Update"/>
First Last	07/26/1992	Spouse	Active	12/05/2019		<input type="button" value="Update"/>

[New Member Search](#) | [Print Card](#) | [Transfer](#) | [Copy](#) | [Add Dependent](#)