

Terminate/Remove a Dependent's Coverage

To remove coverage for a dependent, click **Update Member** from the member details page.

Demographics

Updates are only applied to Optima Health, please contact your Benefit Administrator with any changes.

[Update Member](#)

Select **Life Event** to make edits and then click **Next**.

Life Event Changes

Benefit change requests which include adding or dropping yourself and/or a dependent, are done with the selection of a life changing event.

Please enter the effective date of the life event and provide supporting documentation if available (ex: birth certificate for the birth of a child or marriage certificate for a marriage).

* Life Event
Employee Requested Cancellation (Dropping Coverage)

* Event Date
06/17/2022

* Effective Date
06/30/2022

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Select **Employee Requested Cancellation (Dropping Coverage)** from the dropdown menu, provide the date of the event, and click **Next**.

Life Event Changes

Benefit change requests which include adding or dropping yourself and/or a dependent, are done with the selection of a life changing event.

Please enter the effective date of the life event and provide supporting documentation if available (ex: birth certificate for the birth of a child or marriage certificate for a marriage).

* Life Event
Employee Requested Cancellation (Dropping Coverage)

* Event Date
01/01/2022

* Effective Date
01/01/2022

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Review member information and make edits as needed. Once you have completed your edits, click **Next**.

Edit Member Demographics:

Edit Member Demographics:

| | | | |
|---|--|--|----------------------|
| * First Name | Middle Name | * Last Name | Suffix |
| <input type="text" value="Shawn"/> | <input type="text"/> | <input type="text" value="Wilson"/> | <input type="text"/> |
| * Gender | * Date Of Birth | SSN | |
| <input type="text" value="Female"/> | <input type="text" value="03/15/1983"/> | <input type="text" value="746-75-6745"/> | |
| * Phone Number | Email Address | | |
| <input type="text" value="(746) 578-7000"/> | <input type="text" value="test123@gmail.com"/> | | |
| Effective Date | Additional Insurance | | |
| <input type="text" value="07-21-2021"/> | <input type="text" value="Other Coverage"/> | | |

Mailing Address

| | | | |
|--|---|--------------------------------------|------------------------------------|
| * Street | * City | * State | * Zip Code |
| <input type="text" value="134 Park Avenue"/> | <input type="text" value="Baker fields"/> | <input type="text" value="Testing"/> | <input type="text" value="87859"/> |

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On the following screens, uncheck the dependent's name for which you need to remove coverage in the **Dependents** section, then click **Next**.

Dependents

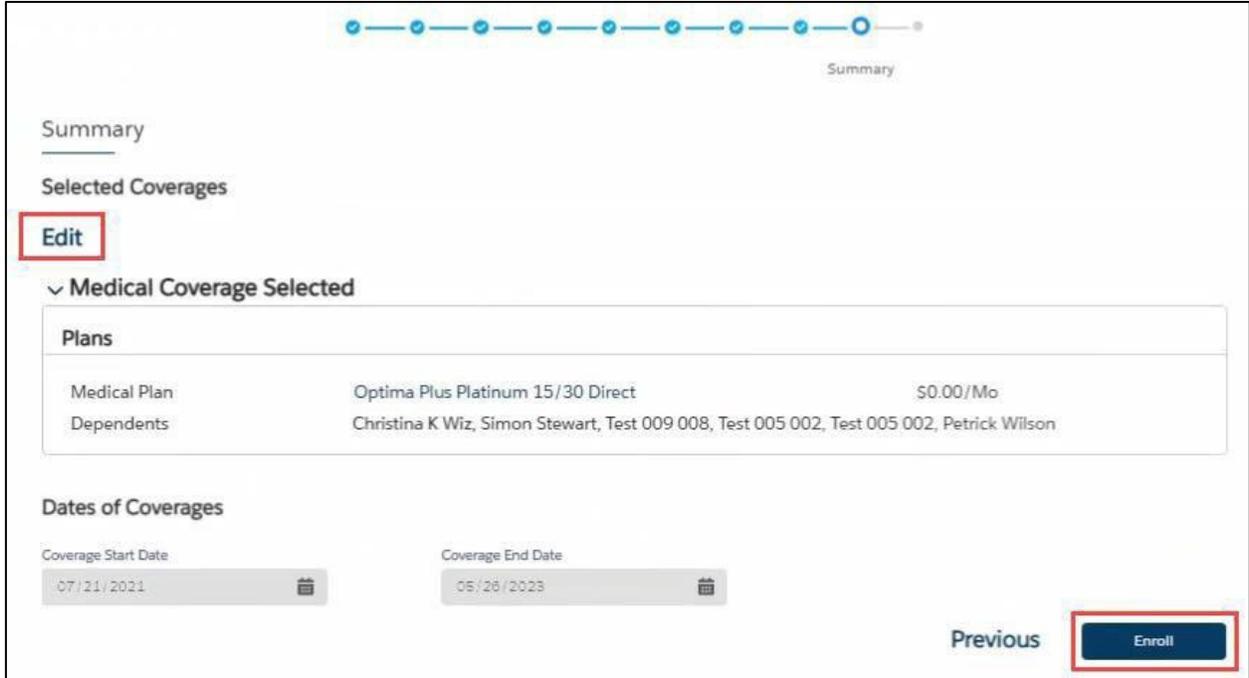
Please select the dependents below to include in this coverage

| <input type="checkbox"/> Dependent Name | Relationship |
|--|--------------|
| <input type="checkbox"/> Joshua R Birch | Child |
| <input checked="" type="checkbox"/> BLAKE CHODOROV | Child |

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After completing the process of removing the dependent from applicable plans, review your changes. If changes are needed, click **Edit**.

If the information and selections are correct, click **Enroll**.



Summary

Selected Coverages

Edit

Medical Coverage Selected

| Plans | Medical Plan | Dependents |
|-------|-----------------------------------|--|
| | Optima Plus Platinum 15/30 Direct | Christina K Wiz, Simon Stewart, Test 009 008, Test 005 002, Test 005 002, Petrick Wilson |
| | \$0.00/Mo | |

Dates of Coverages

Coverage Start Date: 07/21/2021

Coverage End Date: 05/26/2023

Previous **Enroll**

If details have been updated successfully, a confirmation screen will appear. Click **F**



Final Success Step

All Details has been updated successfully.

Finish