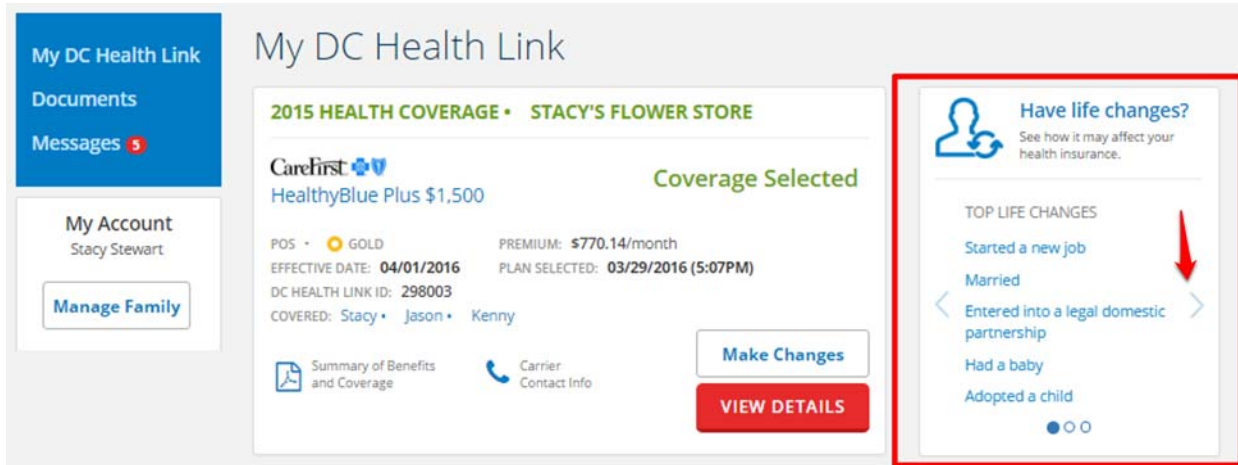


Qualifying Life Events (QLEs) Removing a Dependent

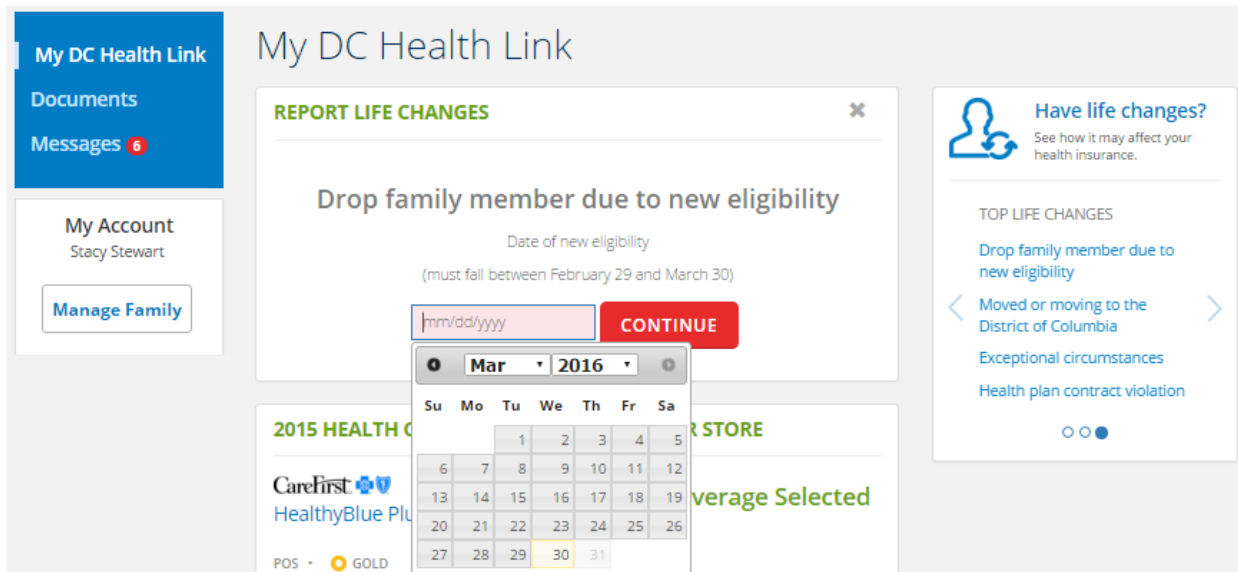
Throughout the year your circumstances may change which may make you eligible for a Special Enrollment Period (SEP). If you have a baby, you or your dependent gain or lose other coverage, etc., you may be able to change your plan, enroll in a plan for the first time, add or drop family members, or terminate your plan. You must report the event **WITHIN 30 DAYS** of the event to be eligible for an SEP. Once you report the event in your account, DC Health Link will guide you through the options available to you and your family.

Step 1: Report the Qualifying Life Event – In each employee’s account, consumers will have the option to report a qualifying life event. Please select the life event that applies to the primary subscriber or dependent (For Example: Divorced or ended domestic partnership, Drop Family Member due to new Eligibility).

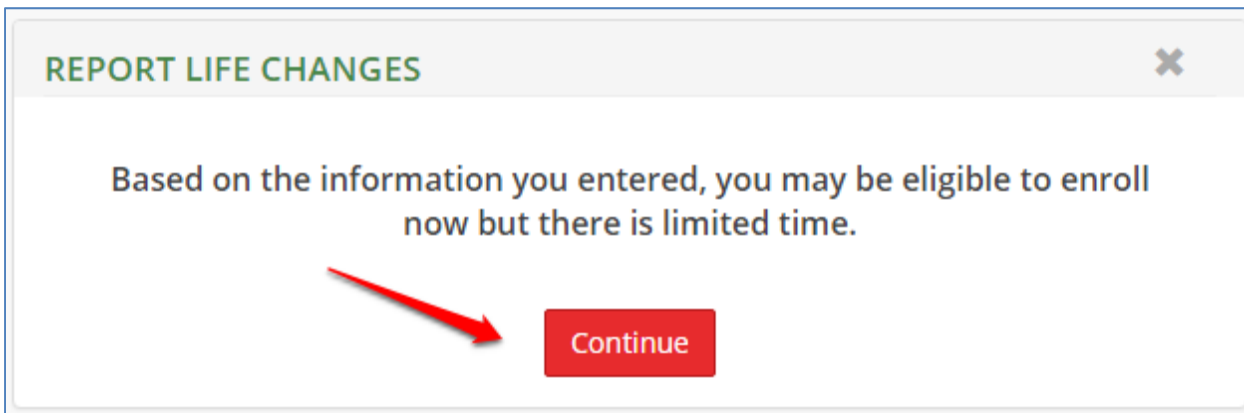


Note: There are three different pages of QLEs that can be viewed by clicking the arrow

Step 2: Enter the Date of QLE- Report the date of the qualifying life event.



Step 3: Confirm the QLE – Click “Continue” to proceed.



Step 4: Update Household – You will be able to add/remove any members of your household. In the next steps you will have the option to add/remove any dependent from the policy without removing a member from the household. Removing a member from the household does not automatically remove them from the policy.

If you need to remove a dependent from you household, first click on the pencil icon next to the dependent and the click on the “X” icon that will appear.

Drop family member due to new eligibility, on: 03/16/2016 25% Complete

Household Info: Family Members

If you need to get insurance coverage for other members of your household, select 'Add Member'. When you're finished, select CONTINUE.

* = required field

NAME	RELATION
Stacy Stewart	Self

FIRST NAME	MIDDLE NAME	LAST NAME	
Jason		Stewart	
DATE OF BIRTH	SOCIAL SECURITY	RELATIONSHIP	GENDER
03/15/2016	--	Child	Male

FIRST NAME	MIDDLE NAME	LAST NAME	
Kenny		Smith	
DATE OF BIRTH	SOCIAL SECURITY	RELATIONSHIP	GENDER
04/08/1980	--	Spouse	Male

FIRST NAME *	MIDDLE NAME	LAST NAME *		
Kenny		Smith		
DATE OF BIRTH *	SOCIAL SECURITY	Spouse	<input checked="" type="radio"/> MALE	<input type="radio"/> FEMALE
04/08/1980	<input type="checkbox"/> I don't have an SSN			

Step 5: Confirm Household – Once you have updated your household, please click “Continue”.

* = required field

NAME Stacy Stewart		RELATION Self	
-----------------------	--	------------------	--

FIRST NAME Jason	MIDDLE NAME	LAST NAME Stewart	
---------------------	-------------	----------------------	--

DATE OF BIRTH 03/15/2016	SOCIAL SECURITY –	RELATIONSHIP Child	GENDER Male
-----------------------------	----------------------	-----------------------	----------------

FIRST NAME Kenny	MIDDLE NAME	LAST NAME Smith	
---------------------	-------------	--------------------	--

DATE OF BIRTH 04/08/1980	SOCIAL SECURITY –	RELATIONSHIP Spouse	GENDER Male
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[Add Member](#) **CONTINUE**

Step 6: Choose Coverage for Your Household – Select the members in your household you would like to cover in your health plan by selecting the boxes next to their name.

Choose Coverage for your Household

Select who needs coverage and the type of coverage needed. When you're finished, select CONTINUE.

50% Complete

- Household
- Plan Selection**
- Review
- Complete

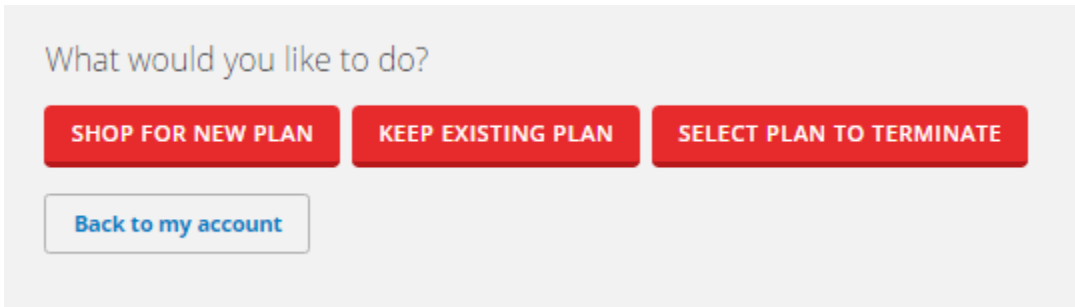
Who Needs Coverage?

<input checked="" type="checkbox"/> Stacy Stewart (Age : 30 years)
<input type="checkbox"/> Jason Stewart (Age : 0 years)
<input type="checkbox"/> Kenny Smith (Age : 35 years)

Benefit Type

<input checked="" type="radio"/> Health

Step 7: Select “Keep Existing Plan”, “Select Plan to Terminate” or “Shop for New Plan”- You can continue with the same coverage by selecting “Keep Existing Plan”. You can browse your plan options and select a new plan by selecting “Shop for New Plan”. You can terminate coverage all together by selecting “Select Plan to Terminate”.



If you selected “Keep Existing Plan” you will proceed directly to the confirmation page. If you have chosen “Shop for New Plans” you will be able to review plans offered by your employer.

Step 8: Confirm Plan Selection- Before you finalize your health plan, you will be have the option to review your plan selection, effective date, and household members covered. To submit your plan selection, click “Confirm”

STEP 1 Tell us about yourself STEP 2 Compare plans and choose STEP 3 Enroll

Confirm Your Plan Selection

75% Complete

- Household
- Plan Selection
- Review
- Complete

Please review your current plan selection. Select PREVIOUS if you want to change your plan selection. When you're satisfied with your plan, carefully review and acknowledge the Agreement below along with the Terms and Conditions. You must also provide an electronic signature at the bottom of the page. When you're finished, select CONFIRM to submit your enrollment to your insurance company. You don't have to pay today.

Stacy's Flower Store
CareFirst HealthyBlue Plus \$1,500
 Metal level : Gold

Name	Relationship	Age	Premium	Employer Contribution	You Pay
Stacy Stewart	self	30	\$312.55	\$156.28	\$156.27
TOTALS			\$312.55	\$156.28	\$156.27
			Your coverage start date :	04/01/2016	

CONFIRM

PREVIOUS

Step 9: Finalize Plan Selection- This is the receipt of your enrollment. When you are done click “Go to My Account” to return to your homepage where you can view your new enrollment and the date it was submitted.

Enrollment Submitted

Your enrollment has been submitted as of 03/30/2016 13:22 EDT -04:00.

Please print this page for your records. A copy of this confirmation has also been emailed to you.

Stacy's Flower Store

CareFirst HealthyBlue Plus \$1,500

Metal level : gold

100% Complete

- Household
- Plan Selection
- Review
- Complete

[GO TO MY ACCOUNT](#)

Name	Relationship	Age	Premium	Employer Contribution	You Pay
Stacy Stewart	self	30	\$312.55	\$156.28	\$156.27
TOTALS			\$312.55	\$156.28	\$156.27
			Your coverage start date :	04/01/2016	

[Print](#)