

### **Qualifying and Disqualifying Members**

1. Navigate to Edit/Term in the Action Dropdown Menu on the member's record.

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Company + Benefits +	Employees 🗸	Administration +	Reports +		Advanced	Search [	Name, SSN, or Page]	۹
Employees - V	iew 🛛 A							
Please select an action	584 <sub>11 A</sub>					Hist	ory MM/DD/YYYY	0
Please select an action Edit/Term History		A						
Benefit Summary Member Plan Comparison Payroll Summary	I		No cases fou	nd.				
Reference Center Billing Summary Cases		•		ΙΔ				
Name	Socia XXX-X	l Security Number X-	Date of B	Irth	Gender Female		(	<b>)</b>
Address US O Show Additional Fields.	Marit Marri Bene Active	tal Status ed fit Status e	Home Ph	one	Alt Phon	e		

2. Click the Life Event button and select Virgin Pulse Qualification.

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efits 🔹 Employees 🔹	Administration 🗸	Reports 🗸			Adva	nced Search	[Name, SSN, or Page]	
eason for Cha	nge	UA	UA	UA	UA	UA	UA	l
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earch Reasons for Change								
elect the reason for change i narriage, date of termination orrection/change, enter the (	that applies and enter 1. Coverage effective d effective date of the ci	r the date of the ever lates and terminatior hange.	nt. The Date of Eve n dates will autom	nt field should be p atically be calculated	opulated with the <u>ai</u> d based on the date	<u>ctual date</u> , I.e. dat of event entered.	e of birth,date of If entering a coverage	
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3. Enter the effective date of the qualification or disqualification. It is important to note the date of the event will terminate the previous election (whether the member is qualified or not) on the day prior to the date entered here.

Benefits - Employees - Administ	Virgin Pulse Qualification	# Home 🛛 Help	Margaret Kall	rch	[Name, SSN, or Page]	ď
Reason for Change	What date are resulting changes effective?  MM/DD/YYYY  Save Settings			A A	UA UA	U, U,
Search Reasons for Change		Cancel	Continue			
Select the reason for change that applies marriage, date of termination. Coverage of correction/change, enter the effective dat	and enter the date of the event. The Date of Even effective dates and termination dates will automa te of the change.	nt field should be populate tically be calculated based	d with the <u>actual dat</u> on the date of event	e, I.e. date ( entered. If	of birth,date of entering a coverage	

4. Click Continue to proceed.

06/01/2021	
MM/DD/YYYY	
Save Settings	
Based on the date entered	
<ul> <li>Any add or change in coverage will be</li> </ul>	e effective on: 06/01/2021
<ul> <li>Any coverage dropped or no longer of</li> </ul>	ontinued will be terminated on: 05/31/2021
Show Plan Exceptions	
Show Plan Exceptions	

5. Select Edit under Election Information.

nefits 🗸	Employees 👻	Administration +	Reports 🗸		Advanced Search	[Name, SSN, or Page]
The follo would lik eligibility	wing information si te to make changes r rules.	ummarizes your electio or new selections, click	ons, pending appro	val. After you have verified that all of your info to the right of the area that you would like to o	ormation is correct, click the " change. All elections are subj	Approve" button. If you ect to HealthFlex Plan
If you do	not click "Approve	", any changes or new	elections will not b	e saved.		
			Re	eview Enrollment		
			f	or SUEL OWEN		
		You're almo	ost done!	Please review your enro	pliment below.	
	Y	'ou must click t	the <b>Approve</b>	e button before you will be en	irolled in any plans	
Y	'our Electio	ons				
Vi	ew All Details	5115				
	My Security					
	Plan			Coverage	Employee	e Cost Nonthly
	Virgin Pulse Qualified View Detalls			Employee and Spouse		\$0.00 Edit

6. Select "In want coverage" and select the members to cover, select the plan, then choose "Next"

	Employees +	Administration - Report	ts •	Advanced Search	[Name, SSN, or Pag	e] <b>Q</b>
Virgin Pulse (	1. Qualification	Election Information -	2. Review		Total Particip \$0.00/Monthly	ant Cosi
	UA		Virgin Pulse			
			3			
		A cancer diagno unforeseen heal	sis for you or someone you love can be v Ithcare expenses and time away from wo	very scary. The ork also make it		
		sum cash benefi diagnosis.	it or reimbursing a provider when there's	a covered		
		Would	you like to enroll in Virgin Pulse (	coverage?		
			I Want Coverage     O Drop Coverage			
			Weenalh			
		,	A Note From Your Employ	/er		
		Please make you	ur Virgin Pulse election.			
		Who wou	ld you like to cover with Virgin Pu	lse coverage?		
		<b>(</b> Re	equired)			
		Effective Date	Term Date Status Approved			
		Effective Date	Term Date Status			
		01/01/2013	Approved			
		Qualified				
		Monthly Premi \$0.00 Employee and Spot	um			
		1 Plan Details				

Employe	ee and Spouse
	100 (100 A
	Qualified
	\$0.00
Next	\$

7. Approve the election in the Review Enrollment screen.

Review Enrollment
for
You're almost done! Please review your enrollment below.
ou must click the <b>Approve</b> button before you will be enrolled in any plans.

#### Your Elections

You must

View All Details		
My Security		
Plan	Coverage	Employee Cost Monthly
Virgin Pulse Qualified View Datails	Employee and Spouse	\$0.00 Edit
<ul> <li>Continuation Information</li> </ul>		
Ocntinuation Information		
		View Details Edit
Total Cost		\$0.00 Monthly

\*Total participant cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator or plan sponsor.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your evidence of insurability (EOI) by the carrier.



# 8. To drop coverage completely, click Select next to Drop

## Coverage.

Benefits 🕶	Employees 👻	Administration 👻	Reports 🕶	Advanced Search	[Name, SSN,	or Page] 🔍
<b>SUE OWEN</b> Virgin Pulse C	)ualification	. Election Informatio	n - 2. Review			
	U		Virgin Pu	lse		UA
			3		A	UA
	U,	A cancer diagn very scary. The	iosis for you or some unforeseen healthcarry of the source	one you love can be are expenses and time		UA
	U	can help bridg benefit or reim diagnosis.	e the gap by paying on bursing a provider w	but a lump sum cash hen there's a covered		
		Would you li	ke to enroll in Vir	gin Pulse coverage?	Α	
	U.	01W	/ant Coverage	rop Coverage		

9. Choose "Next" from the Review Page

Please make your Virgin Pulse e	election.
ESI	
✓ I Want Coverage	× Drop Coverage

elect your plan	Your Cost Month
Select Qualified	
Plan Pricing	
Employee Only	\$0.00
Employee and Spouse	\$0.00
Employee and Children	\$0.00
Family	\$0.00

	Plan:	Coverage Dropped		
<	Previous		Next >	

#### 10. Approve the election in the Review Enrollment Screen

My Security			
Plan	Coverage	Employee Cost Monthly	
Virgin Pulse × Coverage Terminated View Details		\$0.00	Edit
Continuation Information			
Ontinuation Information			
		View Details	Edit
Total Cost		đ	
		1	Monthly

\*Total participant cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator or plan sponsor.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your evidence of insurability (EOI) by the carrier.

K Back



11. To add or remove a spouse from coverage, simply check or uncheck the box next to the spouse name. "Next" at the bottom of the screen.

Would you like to enroll In Virgin Pulse coverage?
A Note From Your Employer Please make your Virgin Pulse election.
Who would you like to cover with Virgin Pulse coverage?
Effective Date Term Date Status
Effective Date Term Date Status
Qualified Monthly Premlum
Plan Details     Selected
Coverage Employee Only
Covered Members
Plan Qualified Cost \$0.00
Previous     Next >

# 12. Click Approve when you have review the Election Overview page and verified coverage is correct. Qualifying:

	Review Enrollment	
	for	
You're aln	nost done! Please review your enro	llment below.
You must click	the <b>Approve</b> button before you will be en	rolled in any plans.
our Flections		
w All Details		
My Security		
Plan	Coverage	Employee Cost Monthly
/irgin Pulse	-	\$0.00 Edit
riew Details	Employee Only	
	naton	View Details Edit
'otal Cost		\$0.00 Monthly
tal participant cost represents the tot	al approved cost of benefits included on the summary. Other bene	efits not displayed are not included.
e information submitted may be subje refitsolver system at the time of electi xnsor.	xt to further review and/or approval. The deduction amounts are b ons. To verify actual elections and/or deduction amounts, please o	pased on rates and calculations stored in the iontact your benefits administrator or plan
ry effort has been made to report inf firmation and an official plan docum ective upon approval of your evidence	ermation accurately, but the possibility of error exists. In case of an ent, the plan document will be the final authority. Please note, som of insurability (EOI) by the carrier.	y conflict between your benefits election te insurance coverage elections only become
< Back		✓ Approve

13. You will receive a Confirmation Number that will verify the qualification or disqualification has been successfully completed.

Wespath		<b>#</b> Home ●Help	🛈 Margaret Kau •	
Benefits - Employees - Administration -	Reports -		Advanced Search	[Name, SSN, or Page]
Thank You!				
Change Complete for	UA UA			Benefit Summary PDF
Your changes have been submitted. To add a note to this member's record for the char To search for a new employee, click here.	Confirmation Number 128-00-66-7444			
< Home				R● Logout