

## Job Aid – Reinstatement Coverage

If a subscriber is terminated, you can reinstate their coverage into the same subgroup. Add a new record if you are reinstating them to a new subgroup.

1. Conduct a **Member Eligibility Search**.
2. From the **Member Detail** page, click the **Benefit Maintenance** link.
3. On the **Member Benefit Maintenance** page, click the **Reinstatement Coverage** link. The **Reinstatement Coverage** section will appear.

Home > Member List > Member Detail > Member Detail

### Member Benefit Maintenance

This page has options for you to edit a member's information, add dependents, terminate coverage and more. Every transaction will bring you to a review screen prior to submitting. When reviewing any changes, click the Back button to return to the previous page and edit information appearing incorrectly on the Review Page.

Service Date 10/01/2008  
 Client Name ABC Corporation 0012347401

**Family** View Member Information Reinstatement Coverage

Member Name	Relationship	Member Number	DOB	Gender	Apply to
					<input type="checkbox"/>

4. In the **Available Subgroups** section, click the  next to the subgroup.
5. Enter the effective date of coverage in the **Benefit Effective Date** field.
6. Click **Review** to save the changes and return to the **Member Benefit Maintenance** screen.

**Reinstatement Coverage**

To reinstate the member into their previous coverage, enter a new effective date.  
 PLEASE NOTE: If you are attempting to reinstate the member without a break in coverage, please use an effective date that is the day after their current termination date.

**Available Subgroups**

Subgroup	Subgroup No	Line Of Business No	Subgroup Dates	Select	Benefit Effective Date*
ACME CORPORATION	000009901	DENTAL	01/01/2009-	<input type="checkbox"/>	<input type="text" value=""/>

Cancel Request Review Add Dependent

7. If you need to modify the Reinstatement Coverage information, click **Back**. If the information is accurate, click **Submit**.

Home > Member Eligibility Search > Member Eligibility List > Member Detail

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**Coverage Level Codes**

Subgroup	Benefit Effective Date	Termination Date	Coverage Level Code
ACME CORPORATION	09/01/2020		Family

**Reinstatement Coverage**

Member Name	Subgroup	Subgroup No	Benefit Effective Date
Sally Sample	ACME CORPORATION	000009901	09/01/2020
Sammy Sample	ACME CORPORATION	000009901	09/01/2020
Stanley Sample	ACME CORPORATION	000009901	09/01/2020
Susie Sample	ACME CORPORATION	000009901	09/01/2020

Back Submit

You will receive a confirmation that your request was successful.

Home > Member Eligibility Search > Member Eligibility List > Member Detail

**Success**  
 Your Request has been submitted.  
 Confirmation Number is 2310004

Your transaction will be updated in our system within 24 hours. If you have any questions concerning your submission, please contact the Member Enrollment & Support Department at 1-800-444-4441.

Done