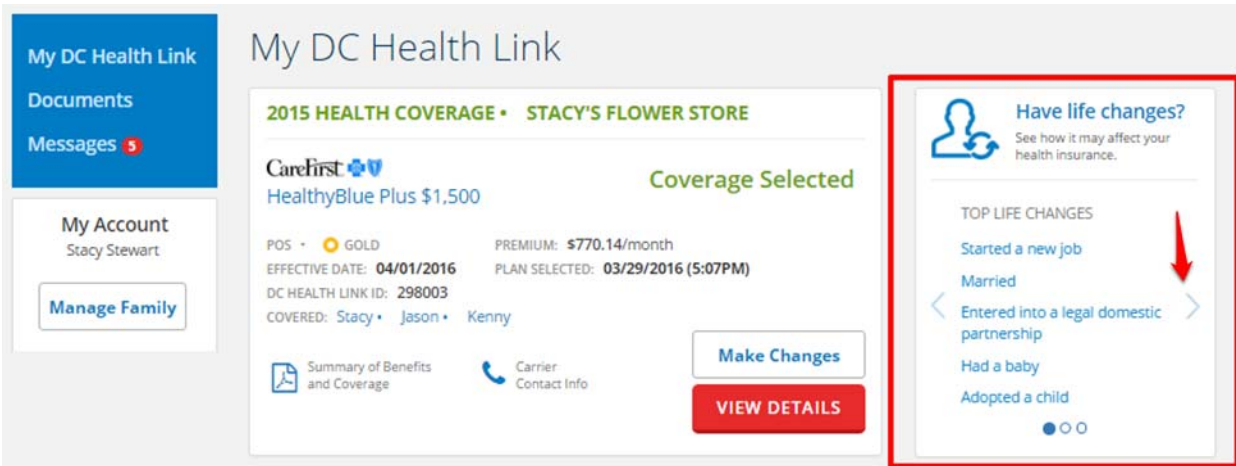


Qualifying Life Events (QLEs) Adding a Dependent

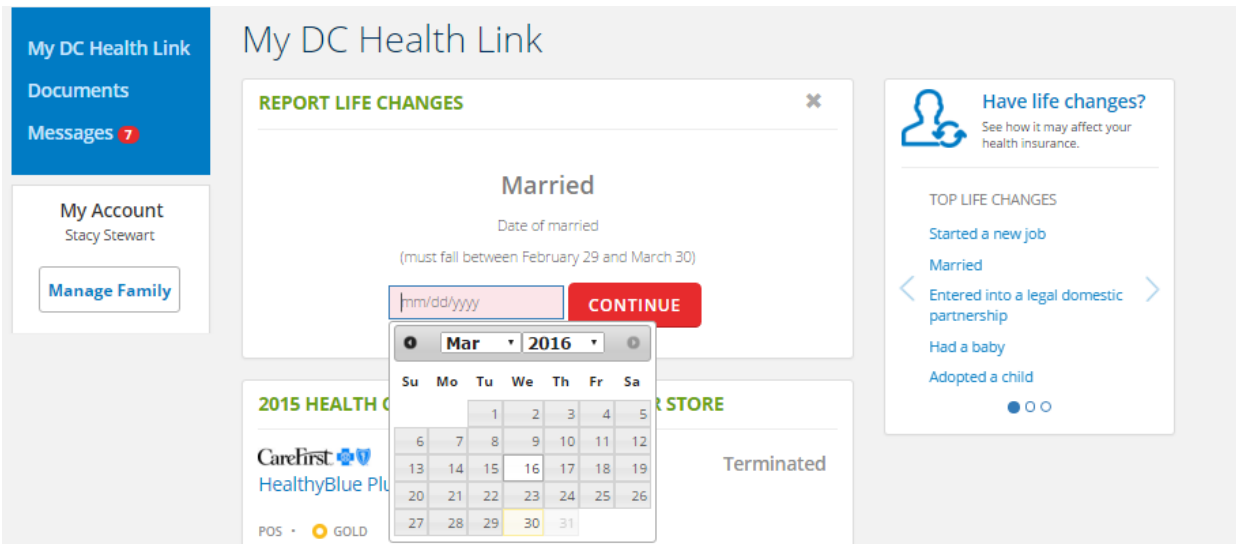
Throughout the year your circumstances may change which may make you eligible for a Special Enrollment Period (SEP). If you have a baby, you or your dependent gain or lose other coverage, etc., you may be able to change your plan, enroll in a plan for the first time, add or drop family members, or terminate 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: Married, Had a Baby, Lost or will soon lose other Health Insurance).



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 that of the qualifying life event.



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

REPORT LIFE CHANGES

Based on the information you entered, you may be eligible to enroll now but there is limited time.

 **Continue**

Step 4: Add Member to Household – Adding a member to the household does not add them to the policy, in the next steps you will have the option to add/remove any dependent from the policy.

Married, on: 03/15/2016 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

Add Member  **CONTINUE**

- Household
- Plan Selection
- Review
- Complete

Step 5: Enter dependent information – Enter the date of birth, gender and relationship to primary. Check the “NO SSN” box if the SSN is not available. The mailing address is also optional.

FIRST NAME *	MIDDLE NAME	LAST NAME *
Kenny		Smith

DATE OF BIRTH *	SOCIAL SECURITY	<input checked="" type="checkbox"/> I don't have an SSN	RELATION *	<input checked="" type="radio"/> MALE	<input type="radio"/> FEMALE
04/08/1980					

NEW ADDRESS	Home Address	RELATION *
ADDRESS LINE 1	ADDRESS	Spouse
CITY	SELECT STATE	Life partner
		Child
		Adopted child
		Annuitant
		Aunt or uncle
		Brother or

Add Mailing Address **Cancel** **CONFIRM MEMBER**

Step 6: Confirm Household – Once you have added all your dependents, 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	

[Add Member](#) **CONTINUE**

Step 7: 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.

Who Needs Coverage?

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

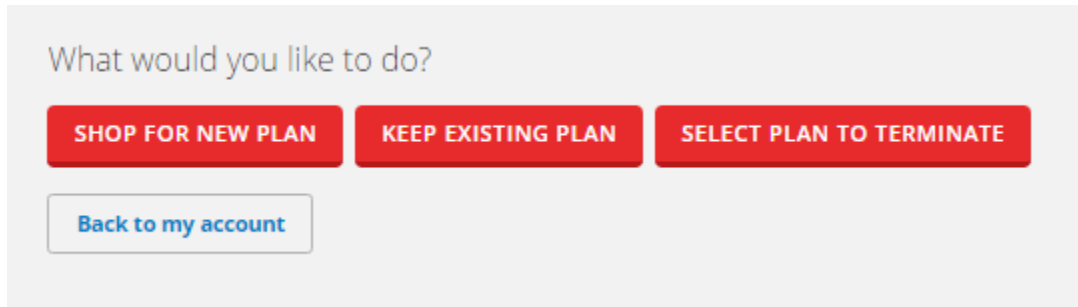
Benefit Type

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

50% Complete

- Household
- Plan Selection**
- Review
- Complete

Step 8: Select “Keep Existing Plan”, “Select Plan to Terminate” or “Shop for New Plan”- You can continue with the same coverage with your new dependents by selecting “Keep Existing Plan”. You can browse your plan options and select a new plan for you and your dependents 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 9: Confirm Plan Selection- Before you finalize your health plan, you will have the option to review your plan selection, effective date, and household members covered. To submit your plan selection, click “Confirm”

Confirm Your Plan Selection

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
Jason Stewart	child	15 days	\$262.40	\$0.00	\$262.40
Kenny Smith	spouse	35	\$351.47	\$0.00	\$351.47
TOTALS			\$926.42	\$156.28	\$770.14

Your coverage start date : 04/01/2016

75% Complete

- Household
- Plan Selection
- Review
- Complete

CONFIRM

PREVIOUS

Step 10: Finalize Plan Selection- This is the receipt of your enrollment. When you are done click “Go to My Account” 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 11:02 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

Name	Relationship	Age	Premium	Employer Contribution	You Pay
Stacy Stewart	self	30	\$312.55	\$156.28	\$156.27
Jason Stewart	child	15 days	\$262.40	\$0.00	\$262.40
Kenny Smith	spouse	35	\$351.47	\$0.00	\$351.47
TOTALS			\$926.42	\$156.28	\$770.14

Your coverage start date : 04/01/2016

[Print](#)

100% Complete

- Household
- Plan Selection
- Review
- Complete**

[GO TO MY ACCOUNT](#)