

# MyOEBB – How to Remove a Dependent

## How to Remove a Dependent

### 1. Bring up the employee record in Enrollment Management

System Codes ID: E00272329 Last Name: Doe First Name: Jane

Buttons: Reset, Active, History, History Detail, OE History

Buttons: E-Benefit Summary, Benefit Summary, Member IDs, Member Info, Dependents, Case Notes, Other Group Cov., Employment

**QSC Events** (circled in red), Reinstatement All, Term All, Beneficiaries, Healthy Futures, Basic Flag - Dental, Basic Flag - Vision

**Summary for employee of Salem-Keizer SD 24J (Current)**

Plan Type/Plan Name	Coverage Tier	Enr Type	Cov. Eff. Date	End Date	Dependents	
					Joe	Sam
<b>Medical</b> Kaiser Medical Plan 2 - Composite	Employee, Spouse & Children	Q	12/01/2014		✓	✓
<b>Vision</b> Kaiser Vision Plan 5 - Composite	Employee, Spouse & Children	Q	12/01/2014		✓	✓
<b>Dental</b> Kaiser Dental Plan 8/Ortho - Composite	Employee, Spouse & Children	Q	12/01/2014		✓	✓
<b>Basic Life</b> Plan 11 Basic Life-\$100,000	Employee Only - \$100,000	N	10/01/2014			
<b>Basic Accidental Death and Dismemberment</b> Plan 11 Basic AD&D-\$100,000	Employee Only - \$100,000	N	10/01/2014			

### 2. Click on the QSC Events button as shown above.

Member : Jane Doe

Event Name	Event Date	Transaction Date	QSC Used By	Created By	Created Date
<a href="#">New Hire</a>	09-08-2014	10-23-2014	Mordica-Admin, Tami	mordicat	10-23-2014
<a href="#">Gain Spouse and/or Children through Marriage to a ...</a>	10-23-2014	10-23-2014	Mordica-Admin, Tami	mordicat	10-23-2014
<a href="#">OEBB Override</a>	11-11-2014	01-30-2015	Mordica-Admin, Tami	mordicat	01-30-2015

**Add** (circled in red) | Back to Enrollments

### QSC Events - Individual Plan Changes

Member : Jane Doe

Query returned zero records. Please change your search criteria and try again.

**Add** (circled in red) | Close

### 3. Click on the Add button.

Change in Domestic Partnerships

[Death of Domestic Partner](#)

[Gain Partner and/or Partners Children by Affidavit/Certification](#)

[Loss of Partner and Partners Children due to Termination of Partnership](#)

[Reverse Domestic Partner Enrollment within Two Weeks of Initial Eligibility](#)

Change in Employees Marital Status

[Death of Spouse](#)

[Gain Spouse and/or Children through Marriage](#)

[Gain Spouse and/or Children through Marriage to a Previously Covered Domestic Partner](#)

[Loss of Family through Divorce/Annulment](#)

[Loss of Spouse and/or Children through Divorce/Annulment](#)

Change in Number of Employees Dependents

[Death of Child](#)

[Dependent Child Ceases to Satisfy Eligibility Requirements](#)

[Dependent Child Satisfies Eligibility Requirements](#)

[Gain Child through Birth/Adoption/Placement for Adoption](#)

#### 4. Click on the appropriate QSC.

Member : Jane Doe

QSC Events: Dependent Child Ceases to Satisfy Eligibility Requirements

Actual Event Date: 01-30-2015

QSC Event Date: 01-30-2015

Coverage Eff Date: 02-01-2015

Transaction Date: [ ]

QSC Used By: [ ]

Dependents - Select All Affected Dependents by this QSC					
Relation	Name	Gender	E Number	Birth Date	Affected Dependent
Child	Sam Doe	M		03-25-1999	<input checked="" type="checkbox"/>
Spouse	Joe Jones	M		03-28-1979	<input type="checkbox"/>

Save Delete Search Reset Back to Enrollments

#### 5. Complete the QSC dates. The coverage Effective Date will be the first of the month following the QSC Event Date. Click on Save once. Verify the Coverage Effective Date. If the date is correct, click Save again.

**Note: If the Coverage Effective date is incorrect, you can make the necessary changes then Click Save or delete the QSC and start over.**

Record Saved Successfully

Member : Jane Doe

QSC Events: Dependent Child Ceases to Satisfy Eligibility Requirements

Actual Event Date: 01-30-2015

QSC Event Date: 01-30-2015

Coverage Eff Date: 02-01-2015

Transaction Date: 05-01-2015

QSC Used By: Tami Mordica-Admin

Dependents - Select All Affected Dependents by this QSC					
Relation	Name	Gender	E Number	Birth Date	Affected Dependent
Child	Sam Doe	M		03-25-1999	<input checked="" type="checkbox"/>
Spouse	Joe Jones	M		03-28-1979	<input type="checkbox"/>

Save Delete Search Reset Back to Enrollments Update QSC

You will see **Record Saved Successfully**. Click **“Back to Enrollments”**

Member has active QSC.

- ▶ System Codes
- ▶ Address Setup
- ▶ Contact Setup
- ▶ Security Setup
- ▶ Plan Management
- ▶ Contact Management
- ▼ Enrollment Management
  - Enrollments
  - Unsaved Enrollments
  - Termination Approval
  - Affidavit Fulfillment
  - Email Notifications
  - Member QSC Request(0)
- ▶ Enrollment Requests
- ▶ Member Management

Quick Search  
 ID:  Last Name:  First Name:

**Summary for employee of Salem-Keizer SD 24J (QSC)**

Plan Type/Plan Name	Coverage Tier	Enr Type	Cov. Eff. Date	End Date	Dependents			
					Joe	Sam		
<b>Medical</b> Kaiser Medical Plan 2 - Composite	Employee, Spouse & Children	Q	12/01/2014			✓	✓	✗
<b>Vision</b> Kaiser Vision Plan 5 - Composite	Employee, Spouse & Children	Q	12/01/2014			✓	✓	✗
<b>Dental</b> Kaiser Dental Plan 8/Ortho - Composite	Employee, Spouse & Children	Q	12/01/2014			✓	✓	✗

6. Click on the word Medical as shown above.

Kaiser Medical Plan 1 - Composite  
 Kaiser Medical Plan 2 - Composite  
 Kaiser Medical Plan 3 - Composite  
 Moda Medical Plan A Statewide - Composite  
 Moda Medical Plan B Statewide - Composite  
 Moda Medical Plan C Statewide - Composite  
 Moda Medical Plan D Statewide - Composite  
 Moda Medical Plan E Statewide - Composite  
 Moda Medical Plan F Statewide - Composite  
 Moda Medical Plan G Statewide - Composite  
 Moda Medical Plan H Statewide - Composite  
 Moda Medical Plan A Synergy - Composite  
 Moda Medical Plan B Synergy - Composite  
 Moda Medical Plan C Synergy - Composite  
 Moda Medical Plan D Synergy - Composite  
 Moda Medical Plan E Synergy - Composite  
 Moda Medical Plan F Synergy - Composite  
 Moda Medical Plan G Synergy - Composite  
 Moda Medical Plan H Synergy - Composite

**Members Including Self (check marked members get coverage)**

<input checked="" type="checkbox"/>	Jane Doe	30-MAY-82	Self
<input checked="" type="checkbox"/>	Joe Jones	28-MAR-79	Spouse
<input type="checkbox"/>	Sam Doe	25-MAR-99	Child

7. Uncheck the dependent you are removing. Click Accept & Continue.

**OEBB**  
BENEFIT BOARD

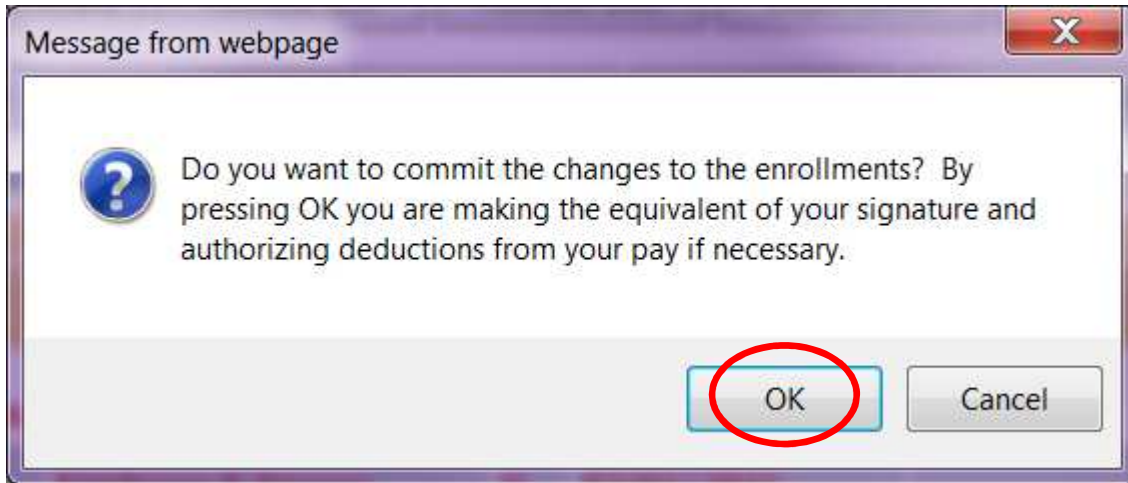
Member has active QSC.

Quick Search  
 ID:  Last Name:  First Name:

**Summary for employee of Salem-Keizer SD 24J (QSC)**

Plan Type/Plan Name	Coverage Tier	Enr Type	Cov. Eff. Date	End Date	Dependents		
					Joe	Sam	
<b>Medical</b> Kaiser Medical Plan 2 - Composite	Employee & Spouse	Q	02/01/2015			✓	✗
<b>Vision</b> Kaiser Vision Plan 5 - Composite	Employee & Spouse	Q	02/01/2015			✓	✗
<b>Dental</b> Kaiser Dental Plan 8/Ortho - Composite	Employee & Spouse	Q	02/01/2015			✓	✗

- Repeat process for Dental and Vision benefits if the dependent is being removed from those benefits. If the member is removing them from optional plans you will need to click the Red X to remove the dependent from optional benefits. Once dependent has been removed, Click the Save Button.



- Click Ok.

**OEBB**  
BENEFIT BOARD

**Record Saved Successfully**

Quick Search  
ID: E00272329 Last Name: Doe First Name: Jane

Reset Active History History Detail OE History

E-Benefit Summary Benefit Summary Member IDs Member Info Dependents Case Notes Other Group Cov. Employment

QSC Events Reinstate All Term All Beneficiaries Healthy Futures Basic Flag - Dental Basic Flag - Vision

**Summary for employee of Salem-Keizer SD 24J (Current)**

Plan Type/Plan Name	Coverage Tier	Enr Type	Cov. Eff. Date	End Date	Dependents	
					Joe	Sam
<b>Medical</b> Kaiser Medical Plan 2 - Composite	Employee & Spouse	Q	02/01/2015			✓
<b>Vision</b> Kaiser Vision Plan 5 - Composite	Employee & Spouse	Q	02/01/2015			✓
<b>Dental</b> Kaiser Dental Plan 8/Ortho - Composite	Employee & Spouse	Q	02/01/2015			✓

- You will then see "Record Saved Successfully".

- ▶ System Codes
- ▶ Address Setup
- ▶ Contact Setup
- ▶ Security Setup
- ▶ Plan Management
- ▶ Contact Management
- ▶ Enrollment Management
  - Enrollments
  - Unsaved Enrollments
  - Termination Approval
  - Affidavit Fulfillment
  - Email Notifications
  - Member QSC Request(0)
- ▶ Enrollment Requests
- ▶ Member Management

Record Saved Successfully

Quick Search  
ID: E00272329    Last Name: Doe    First Name: Jane

Reset   Active   History   History Detail   OE History

E-Benefit Summary   Benefit Summary   Member IDs   Member Info   **Dependents**   Case Notes   Other Group Cov.   Employment

QSC Events   Reinstate All   Term All   Beneficiaries   Healthy Futures   Basic Flag - Dental   Basic Flag - Vision

**Summary for employee of Salem-Keizer SD 24J (Current)**

Plan Type/Plan Name	Coverage Tier	Enr Type	Cov. Eff. Date	End Date	Dependents	
					Joe	Sam
<b>Medical</b> Kaiser Medical Plan 2 - Composite	Employee & Spouse	Q	02/01/2015			✓
<b>Vision</b> Kaiser Vision Plan 5 - Composite	Employee & Spouse	Q	02/01/2015			✓
<b>Dental</b> Kaiser Dental Plan 8/Ortho - Composite	Employee & Spouse	Q	02/01/2015			✓

11. Click on the Dependents button as shown above.

- ▶ System Codes
- ▶ Address Setup
- ▶ Contact Setup
- ▶ Security Setup
- ▶ Plan Management
- ▶ Contact Management
- ▶ Enrollment Management

Dependents

Member : Jane Doe

E Number	Name	Birth Date	Relation	Dependent Effective Date	Dependent Expiration Date	Created By	Modified By	Modified Date	DEV flag	DEV Mod. by	DEV Mod. date
<b>E00272346</b>	Jane Sam	03-25-1999	Child	01-01-2012		mordicat	mordicat	01-30-2015			
E00272330	Jones, Joe	03-28-1979	Spouse	10-23-2014		mordicat	mordicat	10-23-2014			
E00272330	Jones, Joe	03-28-1979	Domestic Partner by Affidavit	10-13-2014	10-22-2014	mordicat	mordicat	10-23-2014			

Add   Back to Enrollments

12. Click on the Dependent that is being removed from the enrollments.

- System Codes
- Address Setup
- Contact Setup
- Security Setup
- Plan Management
- Contact Management
- Enrollment Management
  - Enrollments
  - Unsaved Enrollments
  - Termination Approval
  - Affidavit Fulfillment
  - Email Notifications
  - Member QSC Request(0)
- Enrollment Requests
- Member Management
- Document Management
- Utilities
- Home Page Alerts
- Reports

Member : Jane Doe

Relationship Type: Child    Gender: Male    Child Type: N/A    Birth Date: 03-25-1999

Last Name: Doe    First Name: Sam

Same Address as Subscriber: Yes

SSN:    HICN:    No response:

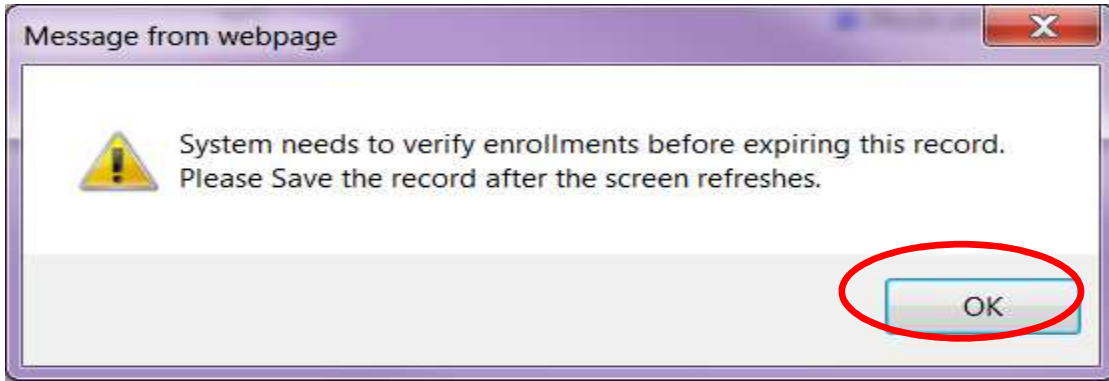
Ethnicity and Medicare Eligibility  
Ethnicity: Unknown    Medicare Eligibility: No

Race  
 Asian     Black/African American     American Indian/Alaska Native     Native Hawaiian/Other Pacific Islander  
 White     Other     Refused (Can only pick one)     Unknown

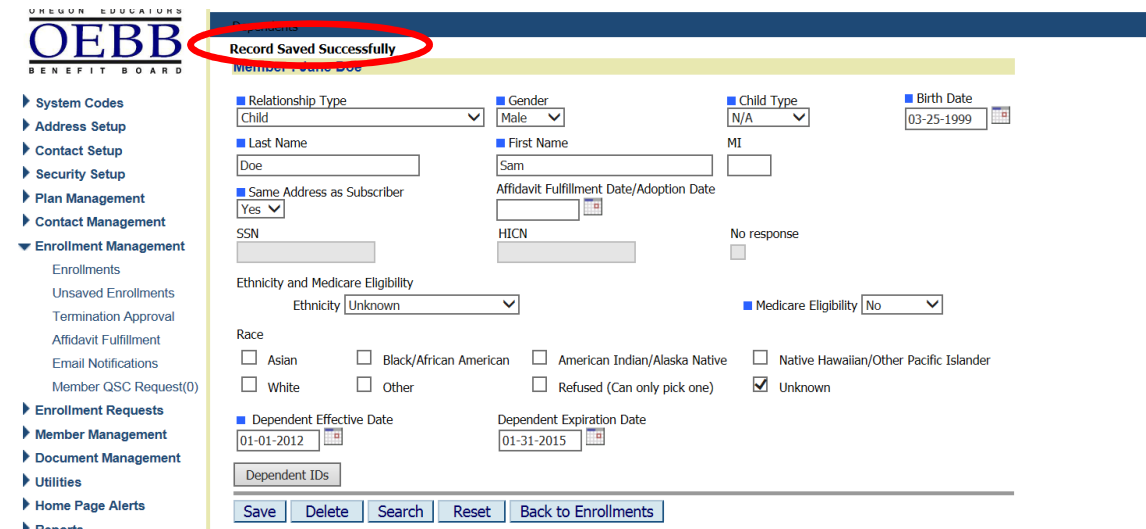
Dependent Effective Date: 01-01-2012    **Dependent Expiration Date: 01-31-2015**

Dependent IDs:    **Save**   Delete   Search   Reset   Back to Enrollments

13. Enter the Dependent Expiration Date as shown above. Note: you will need to use the current days date or the end of the month for an expiration date.



14. Click OK.



15. Click Save. You will see “Record Saved Successfully”.