How to Reinstate a Member

1. To Reinstate a Member, begin by navigating to the Member tab within the Member Eligibility section and searching for the desired Member.

À DELT∧	DENTAL [®] Benefit Manager Too	olkit ®		TEST RAINBOW	SIGN OUT
MANAGE	Manage Eligibility Member Add Member				
BENEFITS INQUIRY	Member Number	First Name • This field is required	Last Name This field is required	Date of Birth mm/dd/yyyy	
REPORTS	As of Date mm/dd/yyyy				
	Single Name			RESET	SEARCH
SUMMARY OF CHANGES					

2. Search for a Member from the returned list to continue.

∆ DELTA	DENT	XL ° Bene	efit Manag	ger Toolkit	t ®						TEST RAINE	OW SIGN OUT
		Manage Member Ac	Eligibil	ity								
	ľ	ember Number 010520222		Fir	rst Name		Last Name			Da	ate of Birth mm/dd/yyyy	
	Ĉ	s of Date mm/dd/yyyy										
DENTIST DIRECTORY		Single Name									RESET	SEARCH
		showing 1 resu	llt(s) of 1									
SUMMARY OF CHANGES		First Name	Last Name	DOB	Member ID	Alternate ID	System Generated ID	Payer ID	Group	Subgroup	Status	Effective Date
l≣\$		Storm	Kain	02/08/1986	0222	-	-	DDPMI	10703	0002	ACTIVE	01/04/2022

3. Click on the inactive enrollment you wish to Reinstate.

	DENTAL Ber	nefit Manager To	oolkit ®				TEST RAI	NBOW SIGN OUT	
	Storm Rain	(Subscribe	er)					SWITCH MEMBER	R
	<< Back To Results								
	Plan Details			Payer: DDPMI	Group Type: Grou	p Benefit Period: Plan: Delta	01/01/2021 - 12/ Dental PPO (St	/31/2022 🗸 🗸	
	Group Subgrou	p Route New Client E	ffective 01/01/2021						
REPORTS	Group		Subgroup		Contract				
	Group ID: Group Name: Effective Darup Haalth Plan Cert: Status: ID Card: Family Enrollm	10703 Test ABC Group 0//01/2021 No Active Yes	Subgroup ID: Subgroup Name: Effective Date: Group Health Plan Cert: Status: ID Card:	0002 Hourty 01/01/2021 No Active No	Period: Service Type: Enrollment Type: Restriction Type: Credit Date Type:	01/01/2021 - 12/31/2022 Dental Dependent Eligibility Reporting No Restriction	Funding Type: COB Config: Eligibility Age Limit: Ratroactive Elig Limit: Missing Tooth Exclusion:	Non Retention No 6 Months No	
	Coverage Ty	pe: Subscriber an	d 1 Child				AD	DEPENDENT	
Q	Member ID	Name	DOB	Member Type	Status	Eligibility Effective Date	Special Attribute	Merged	
	*****0222 (View)) Storm Rain	02/08/1986	Subscriber	ACTIVE	01/04/2022	-	-	
	-	Shelly Rain	06/05/1987	Spouse	INACTIVE	01/05/2022	-	-	
	-	Brian Rain	04/06/2021	Dependent	ACTIVE	01/05/2022	-	-	
HELP	C Custodial Pa	arent 💧 Overage							

4. Select Reinstate in the Member Details section and begin the popup workflow.

1. Select the member(s) you wish to Reinstate.

Reinstate Member(s)	×
1. Selection > 2. Attributes > 3. Status	
Select member(s) to reinstate	
Member Type	Name
Subscriber	Storm Rain
Spouse	Shelly Rain
Dependent	Brian Rain
CANCEL	CONTINUE

2. Applicable attributes will populate and allow you to Reinstate any attributes previously associated with the Member.

Reinstate Member(s)					×
1. Selection > 2. Attributes	> 3. Status				
Name		Member Type			
Shelly Rain		Spouse			
Special Attribute Type	Effective Date		Through Date	2	
Retiree	01/04/2022		01/04/2022]	
ВАСК				NEXT	
					_

3. The Eligibility Effective Date reflects the most recent Termination date.

Reinstate Member(s)	×
1. Selection > 2. Attributes > 3. Status	
Adjust fields to reflect criteria for reinstate	
Eligibility Status Active	Eligibility Status Reason Reinstatement
Eligibility Effective Date 01/05/2022	Received Date 01/05/2022
BACK	REINSTATE

(1) A success notice with all applicable details will appear once the Member has been Reinstated.

Reinstate Membe	r(s)			×	
Eligibility Status: Active Eligibility Effective Date: 01/05/2022 Override Retro Eligibility Limits: No		Eligibility Status Reason: Reinstatement Override Paid Claims: No Override Eligibility Age Limits: No			
Name Shelly Rain	Member T Spouse	ype Details Success			
Changes are effective i details.	mmediately. To term	ninate membe	er, select terminate in member		
		CLOSE			