



COVERED CALIFORNIA FOR SMALL BUSINESS

MyCCSB Enrollment Online Portal Employer Guide



TABLE OF CONTENTS

CREATING AN EMPLOYER ACCOUNT:	3
APPLYING FOR COVERAGE:	6
CREATING YOUR EMPLOYER ACCOUNT:	13
TO MAKE A PAYMENT:.....	18
ONE TIME PAYMENTS:.....	18
RECURRING PAYMENTS:	19
HOW TO ADD A NEW EMPLOYEE:	20
TO ADD A SPOUSE OR DEPENDENT:.....	21
TO TERMINATE AN EMPLOYEE, SPOUSE, AND/OR DEPENDENT (OR ALL OF THE ABOVE):	22
NOTIFICATIONS:	24
ACCOUNT SETTINGS:	25



CREATING AN EMPLOYER ACCOUNT:

To apply for coverage, go to [Covered California for Small Business](#) and select the MyCCSB Login.

The screenshot shows a vertical menu titled "I'm an Employer" with the subtitle "Information on setting up health insurance for small business". The menu items are: Health and Dental Plans, Get a Quote, Apply Now, How We Can Help Your Business, Who Is Eligible, Resources for Participating Employers, Latest News and Employer Updates, Tax Credits, Applications and Forms, and About CCSB. Each item has a right-pointing chevron. Below the menu is a blue button labeled "MyCCSB Login".

Select Create an Employer Account to begin applying for health care coverage for your Small Business.

The screenshot shows a login and account creation page for Covered California Small Business. It features the logo and text "COVERED CALIFORNIA SMALL BUSINESS". Below the logo is the text "Sign in to your account below:". There are two input fields: "Username" and "Password". Below these is a blue "Log In" button. Underneath is a link for "Forgot password?". At the bottom, there is a white button labeled "Create an Employer Account" and an orange button labeled "Get a Quote".

Check your e-mail for a message from Covered California for Small Business, which will provide the link to create your username and account within the enhanced portal. Your e-mail will look like the one pictured below. Select your account to begin.



Thank you for joining Covered California for Small Business!



Dear hello You,

Thank you for taking the first step by creating an account with Covered California for Small Business (CCSB).

Now, you can conduct all of your business online. No more completing stacks of paperwork!

Please click the following link to proceed with setting up [your account](#).

If you have questions or need assistance, please contact our Covered California for Small Business Service Center at (855)777-6782 or contact your agent. We're open Monday through Friday, 8:00am - 5:00pm.

Thank you for joining Covered California for Small Business.

Sincerely,

Covered California for Small Business Team



Once the Employer account is created, the portal will move into the account creation screen. You will have to fill in all applicable fields and select the arbitration at the bottom before moving into the Employer Application.

Create Account

Let's get started! First you must create an account in order to begin your Covered California enrollment.

My Account

Username*	<input type="text"/>	FEIN*	<input type="text"/>
Email*	<input type="text" value="email@domain.com"/>	Confirm Email*	<input type="text"/>
Password*	<input type="password"/>	Confirm Password*	<input type="password"/>

Contact Information

First Name*	Middle Name	Last Name*	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Phone Number*	Primary Phone Type*	Secondary Phone Number	Secondary Phone Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title			
<input type="text"/>			

User Acceptance Agreement

I have read and agree to the [User Acceptance Agreement](http://www.coveredca.com/privacy). I understand my personal information will remain private and secure.
<http://www.coveredca.com/privacy>



APPLYING FOR COVERAGE:

Please fill all applicable fields for your Small Business.

Company Information

Doing Business As* <input type="text" value="ACME LLC"/>	Federal Employer Identification Number (FEIN)* <input type="text" value="123456789"/> <small>If you are a Sole Proprietor and do not have an FEIN, enter the identifier used during tax filing.</small>	Email* <input type="text" value="email@domain.com"/>
Business Legal Name <input type="text"/>	Organization Type <input type="text"/>	Class of Business* <input type="text"/>
First Name* <input type="text" value="First Name"/>	Middle Name <input type="text" value="Middle Name"/>	Last Name* <input type="text" value="Last Name"/>
Suffix <input type="text"/>	Phone Number* <input type="text" value="() - - -"/>	Phone Type* <input type="text"/>
Preferred Language (written/spoken - if not English) <input type="text"/>	How Long Have You Been in Business?* <input type="text"/>	Do you want to go paperless?* <input type="text" value="No"/>

Authorized Representative Contact Details

If you are working with an agent, add the agent into the employer application under the Agent section. Please fill in the Agent of Record (AOR) form attesting that you are the employer, and are working with the agent, and/or their general agent if applicable.



Do you have or want to search for an agent?



i If you are an agent, or adding an agent on behalf of this employer group, you must upload either an Agent of Record (AOR) Form, or other documentation where the employer attests that you are allowed to work on their behalf. [AOR Form](#)



After all Employer demographics have been entered, you can select **Next** to move to the Employee Roster input page. This page also covers the application questions regarding Coverage Start Date, Infertility Selections, number of Full Time Employees, and if the Employer is covering Employee only or Employee+Family, etc.

Employee Detail

Our Employees Will Start Coverage on: 08/01/2021

Your Employer Application deadline is: 07/09/2021
Your Open Enrollment deadline is: 07/18/2021
Your Binder Payment is due on: 07/23/2021

I attest that I employ at least one enrolling employee who is not an owner or a spouse of an owner and that I am offering coverage to all full-time employees. **Yes No**

Number of Full Time Equivalents (FTE) employed: [FTE Calculator](#)

Do you wish to offer infertility coverage as part of your health insurance? **Yes No** [For more information, please visit this link.](#)

Do you intend to take advantage of the small business health care tax credit? **Yes No**

I am offering coverage to domestic partners: **Yes No**

Do you currently offer health coverage? **Yes No**

Number of Eligible Employees:

I'm Offering Health Coverage to**:

SIC Code: [SIC Search](#)

The next step is the completion of the Employee Roster. For each Full Time Employee, please input their demographics under the Employee Roster screen. To delete an employee, you can use the red **X** in the green banner. To add a spouse or child, please use the blue **+Spouse/Domestic Partner** or **+Child** button. To add a new employee, select the **+Add New Employee Button** on the bottom left side of the Employee page.



Employee Roster

Emp. #	Type	First Name	Middle Name	Last Name	Suffix	Birth Date	Actions
1	Employee	<input type="text" value="First Name"/>	<input type="text" value="Middle Name"/>	<input type="text" value="Last Name"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	+ Spouse/Domestic Partner + Child

Employee #1 Details

SSN: Re-Ent SSN: Phone: Phone Type: Secondary Phone: Phone Type:

Address: Add2: Zip: City: State:

Gender: Contribution Group: Email: Is Native American: Is the employee an owner or an owner's spouse?

Preferred Language Written: Preferred Language Spoken: Tell Us About Your Race:

[+ Add New Employee](#)

Once the employee roster is filled out in its entirety, the next selection is the Metal Tier selection. Choose either a single metal tier, or up to all four metal tier selections. Metal tier selections must be contiguous in order to proceed. This means if you choose Silver, but want to also offer Platinum, you will have to select at least Silver, Gold, and Platinum metal tiers.

Employer Choice Options

Next, you will need to select a setup option which will dictate the plans that your employees are allowed to choose.

Select Metal Level Options

Why Choose This?
One choice. This plan allows you to offer coverage as you do now. You choose one plan and your employees have one choice.

Platinum
 Gold
 Silver
 Bronze

How it works:

- Select one or more neighboring metal levels.
- Select your financial contribution.

[Choose Select Metal Level Options >](#)

Once metal tiers are selected, the Medical Reference plan selection screen is next. To select the plan, press the Select Plan > button on the bottom of the chosen plan.

Shopping Filters

Price Range
\$972.31 - \$1300.84
Range: \$728.53

Plan Type

HMO
 PPO

Metal Level

Expanded Bronze
 Silver
 Gold
 Platinum

Insurance Company

Kaiser
 BlueShield

HSA Eligible

No
 Yes

Brone 60 HMO 6300/60 + Child Dental

KAISER PERMANENTE Expanded Bronze HMO Compare

Deductible: \$6,300.00 / \$12,600.00 | Out-Of-Pocket Max: \$9,100.00 / \$18,200.00 | Premium / Month: **\$587.05**

Other Plan Details: Coinsurance: 40.0%

[View Details/Print](#)

[Select Plan >](#)

Trio Bronze 60 HMO 7000/70 + Child Dental Alt

blue california Expanded Bronze HMO Compare

Deductible: \$7,000.00 / \$14,000.00 | Out-Of-Pocket Max: \$9,100.00 / \$18,200.00 | Premium / Month: **\$587.72**

Other Plan Details: Coinsurance: 50.0%

[View Details/Print](#)

[Select Plan >](#)

Silver 70 HDHP HMO 2850/25% + Child Dental

KAISER PERMANENTE Silver HMO Compare

Deductible: \$2,850.00 / \$5,700.00 | Out-Of-Pocket Max: \$7,500.00 / \$15,000.00 | Premium / Month: **\$629.62**

Other Plan Details: Coinsurance: 25.00%

[View Details/Print](#)

[Select Plan >](#)

Silver 70 HMO 2950/65 + Child Dental Alt

KAISER PERMANENTE Silver HMO Compare

Deductible: \$2,950.00 / \$5,900.00 | Out-Of-Pocket Max: \$9,100.00 / \$18,200.00 | Premium / Month: **\$651.03**

Other Plan Details: Coinsurance: 45.00%

[View Details/Print](#)

[Select Plan >](#)



Once a plan is selected, please select a dental reference plan. If you do not wish to offer dental coverage there is an attestation at the top of the screen which states, "I do not wish to offer dental."

Dental coverage is required

I do not wish to offer dental, I offer this benefit to my employees outside of Covered California

Please note: If offering dental coverage, you must choose a dental reference plan. However, as the employer, you have the option to contribute or not to contribute toward the dental.

After reference plans have been selected, then the contribution amount can be selected. For the contribution amount, the percentage contribution can be set by entering the percentage amount numerically (highlighted box shown below) or by using the percentage sliding scale. Once the contribution amount is selected, the next page is a basic quote for cost of coverage. This quote page only shows the total amount due if each employee decides to select the reference plan for their plan selection.

Please Note: This quote is not a final bill, the amount of the monthly invoice will vary, and this is not an agreement for the amount owed by the employer.

Summary of Decisions

Note: This is Not a Bill

- Your total monthly bill will not be available until your employees' open enrollment period is completed. The amount of your monthly bill will vary based on your employees' enrollment decisions.
- Additionally, if a minimum number of your employees fails to enroll in your Covered California coverage during your open enrollment period, you may not meet minimum Covered California participation rates and will be unable to obtain coverage.

Review/Submit

1. Upload Required Forms

The following forms are required:

- Tax & Wage Form

If a **Late Submission Acknowledgement Form** is required based on your coverage start date, please make sure you upload it here. Based on your business type and how long you have been in business for, please view this [PDF](#) in order to view the corresponding required documentation for upload.

A. Choose Files

DROP_FILES

-OR-

No file chosen

B. Upload Files

Name	Size	Progress	Status	Actions	Type*

Queue length: 0



Application Submitted

Thank You! Your application has been submitted and your application number is (#1118). Once Open Enrollment ends, the CCSB Eligibility and Enrollment Team will review your completed Application. You'll hear back from us within 7 - 10 business days and be provided an eligibility determination.

Next Steps:

- Your Open Enrollment period will begin on **12/05/2023** and end on **12/25/2023**. During this time your employee(s) must select their plans if they wish to have benefit coverage starting on **01/01/2024**
- As an authorized employer representative, you may send invitations to each employee so that they can create an account and continue their application OR you may continue the application on their behalf.
- To proceed to your account, please click the Proceed to Dashboard button below. From now on, when you log in, you will be directed to the dashboard page.

[Proceed to Employer Dashboard](#)

Once the application is completed, it will be submitted to Covered California for Small Business for review.

Welcome to Covered California for Small Business!

Please log into your account to view the summary of the plan that was selected. This summary is based on the information you gave us about the employees who plan to enroll. Please note, your costs may change if different employees enroll in coverage.

For more information, log on to your account and visit your "employer dashboard." Please view the [Covered California for Small Business Employer Guide](#) for important information regarding payments, guidelines, COBRA, and more.

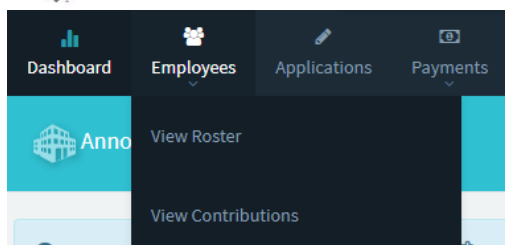
If this was a mistake, or you have any questions, please contact our Covered California for Small Business Service Center at (855)777-6782 or contact your agent. We're open Monday through Friday, 8:00am - 5:00pm.

Thank you for being a Covered California for Small Business customer.

We appreciate your business!

Sincerely,
Covered California for Small Business Team

You can then proceed to the Employer Dashboard to view the employee roster. Employee enrollments can be managed from this location.



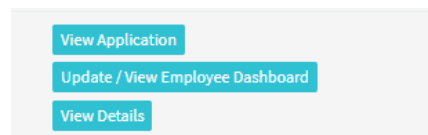
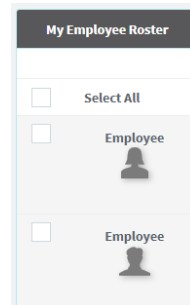
Once in the employee roster, you can:

Invite Employees – Select Invite Employees, select a box on the left-hand side of the Employee image, and then select Send Invitation Email. This will trigger a notice to the employee that they are able to self-serve within the portal. Self-serving within the portal will allow the employee to update their demographics and complete the employee application. They will have the option to research plan options, see contribution amounts, and learn about the benefits of each of our carrier plans.

View Application – By selecting this option, you can go into the Employee application, and select the plan options that they want to select.

Update / View Employee Dashboard – By selecting, Update/View Employee Dashboard, you can update the Employee demographics.

View Details – By selecting View Details, you will be moved into the employee dashboard. From here you can update the employee demographics in full, including their name, Social Security Number, and date of birth.





CREATING YOUR EMPLOYER ACCOUNT:

Check your e-mail for a message from Covered California for Small Business, which will provide the link to create your username and account within the enhanced portal. Your e-mail will look like the one pictured below. Select [your account](#) to begin.

Dear hello You,

Thank you for taking the first step by creating an account with Covered California for Small Business (CCSB).

Now, you can conduct all of your business online. No more completing stacks of paperwork!

Please click the following link to proceed with setting up [your account](#).

If you have questions or need assistance, please contact our Covered California for Small Business Service Center at (855)777-6782 or contact your agent. We're open Monday through Friday, 8:00am - 5:00pm.

Thank you for joining Covered California for Small Business.

You will be moved into the Employer Account creation screen, in which you will need to create a unique Username, Password, and contact information. Select Create Employer Account, to finalize the account creation.



Create Employer Account for Enterprise

My Account			
User Name *	E-Mail*	Password*	Password Confirm*
<input type="text" value="Enterprise"/> <small>Available</small>	<input type="text" value="Nimoy@yopmail.com"/>	<input type="password" value="....."/>	<input type="password" value="....."/>

Contact Information			
First Name *	Middle Name	Last Name *	Suffix
<input type="text" value="James"/>	<input type="text" value="T"/>	<input type="text" value="Kirk"/>	<input type="text"/>
Primary Phone Number *	Primary Phone Type *	Secondary Phone Number	Secondary Phone Type
<input type="text" value="(000) 000-0000"/>	<input type="text" value="Home"/>	<input type="text" value="() - -"/>	<input type="text"/>
Title			
<input type="text"/>			

Yes I have read and agree to the [User Acceptance Agreement](#) and know how it explains how my personal information will remain private and secure *

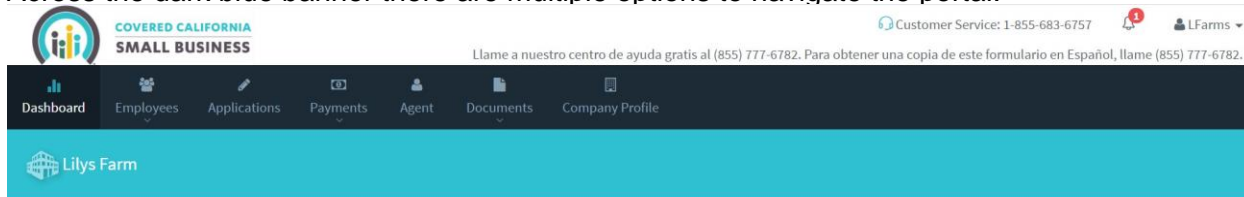
Please review your details and make any corrections before confirming your account creation. Once reviewed, please proceed by hitting the submit button.

Create Employer Account

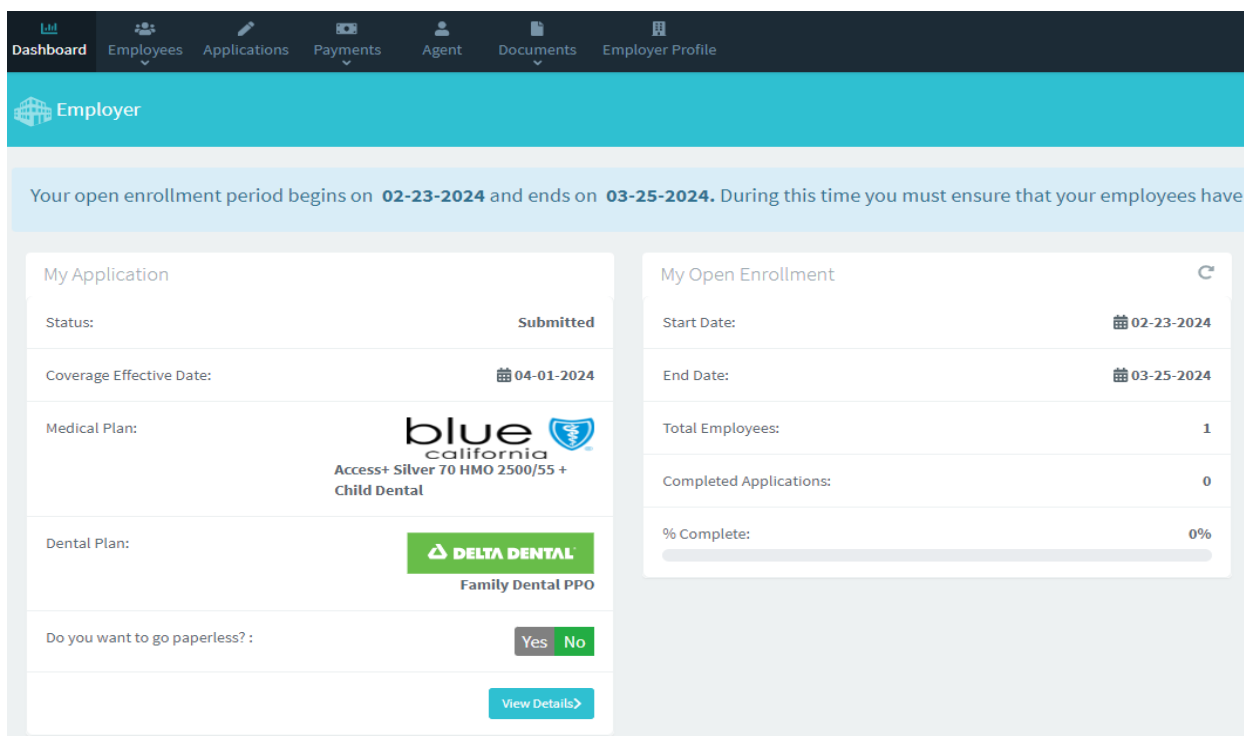
Once created, log into the Employer/Company Account to Access the Employer Dashboard for the company.



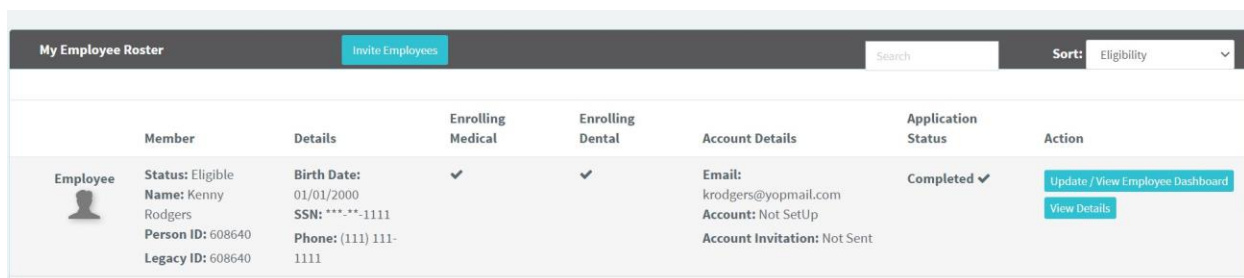
When you log into the employer account, in the light blue banner, there is the business's name. Across the dark blue banner there are multiple options to navigate the portal.



Dashboard – The Dashboard option will display reference plan selections on the left-hand side, along with the renewal date. There is also the option to Go Paperless for notices.



Employees – The employees tab will allow you to view your employee roster, which is also where, if necessary, you can add or terminate an employee or dependent.



Applications – The applications tab is where the business can update the employer application during renewal. During the rest of the calendar year, it will show a message like the following: If you terminate coverage for the entire business, then you will have the option to reenroll in coverage, using your current employer log in.



My Application		
Application #:	1138	
Status:	Submitted	Update Application
Coverage Effective Date:	📅 04-01-2024	
Open Enrollment Start:	📅 02-23-2024	
Open Enrollment End:	📅 03-25-2024	
Do you want to go paperless?:	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Cost Basis Medical Plan:	Access+ Silver 70 HMO 2500/55 + Child Dental	
Cost Basis Dental Plan:	Family Dental PPO	
Eligible Employees:	1	View Employees
My Contributions:		View Contributions



Payments – The payments tab is where the employer can view invoices and make payments. These payments can either be a one-time payment, or recurring payments.

Current Activity

Activity Date	Name	Trans Type	Description	Coverage Month	Subscriber Contr	Amount
No recent activity.						

Statements

Statement Id	Statement Type	Statement Date	Current Due Date	Last Statement Balance	Current Amount Due (Includes Past Due):	Action
No results found.						

Payments

Recurring Payments

[Edit Recurring Payment Details](#)

Agent – The agent tab will show any agent who is attached to your employer account. Agents can be removed from the account or changed at any time. Agent changes will be reflected in the system on the 1st of the following month; however, the employer can continue to work with the new agent as soon as the change is made.

Agent

Search Agents: [Search](#)

Agent History

Documents – The documents tab is where you will upload your required documentation during your initial application and throughout the time the employer carries insurance with Covered California for Small Business. This area also allows you to view any letters which generate on the account.

Review Documents

Upload Date: File Name: [Search](#)

Upload Date	File Name	Employer Name	Action
05/24/2021	Tax.docx	Lilys Farm	View

Employer Profile – The employer profile page is where the demographics for your employer are stored. You can update the business legal information, the employer contact, and the authorized representative contact details.

Company Details

Doing Business As* Business Legal Name

Organization Type Class of Business Preferred Language (written/spoken - if not English)

Do you want to go paperless?*

Same as Business Address*



TO MAKE A PAYMENT:

ONE TIME PAYMENTS:

For a one-time payment, under the payments tab select one-time from the drop down.

Payment amount – Will be the amount due on the last invoice.

Routing Number – Locate the bank routing number and input it into the routing number box. The Bank Name should appear in the Bank Name box.

Account Number – Locate the account number and fill in the account number box.

The screenshot shows a 'Payment Details' form with the following fields:

- Customer Name: Lily's Farm
- Payment Amount: \$ 1,420.15
- Routing Number*: [Redacted]
- Bank Name*: [Redacted]
- Account Number*: [Redacted]
- Verify Account Number*: [Redacted]

Select the Terms and Conditions arbitration box and submit to make the one-time payment.



RECURRING PAYMENTS:

To make recurring payments, go to the payments tab and select recurring.

The following note should appear towards the top of the payments screen:

Note! Employers who set up recurring payment will have their payments pulled on the 18th of each month. The next recurring payment sweep will be on the 18th of the current month. If your due date occurs before the next sweep, please make sure you make a one-time payment to avoid loss of coverage.

Payment Details

Note! Employers who set up recurring payment will have their payments pulled on the 18th of each month. The next recurring payment sweep will be on the 18th of current month. If your due date occurs before the next sweep, please make sure you make a one-time payment to avoid loss of coverage.

Customer Name Lilys Farm

Routing Number* [Orange Input Box] Bank Name* [Grey Input Box]

Account Number* [Orange Input Box] Verify Account Number* [Orange Input Box]

Routing Number – Locate the bank routing number and input it into the routing number box. The Bank Name should appear in the Bank Name box.

Account Number – Locate the account number and fill in the account number box. You will have to verify the account number in the following box.

Select the Terms and Conditions arbitration box and submit to set up your recurring monthly payments.

Monthly payments can take up to 24 hours to show on your payment dashboard. The recurring payments will be the same amount on the company invoice, or less depending on if any changes due to employee terminations occurred prior to the invoice.

Please Note: *Recurring payments will never be more than the invoiced amount. Recurring payments occur on the 18th of every month and can take 24 hours to process within the portal.*



HOW TO ADD A NEW EMPLOYEE:

Under Employees – Select View Roster

Select the Add Employee Button at the bottom right-hand corner of the screen to start the add process.

Enter into the employee's demographics. Once demographics are submitted click add employee with New Plan.

Please Note: If you are adding a spouse or dependent child, select the light blue buttons on the top right of the employee demographic screen.

First Name	Middle Name	Last Name	Suffix	Birth Date	Actions
Emp. John		Doe		10/01/1990	<input type="button" value="+ Spouse/DomesticPartner"/> <input type="button" value="+ Child"/>
Employee #3-Details					
SSN: 111-11-1112	Re-Ent SSN: 111-11-1112	Phone: () -	Phone Type: Home	Secondary Phone: () -	Phone Type:
Add1: 1601 Exposition Blvd	Add2:	Zip: 95815	City: Sacramento		
State: California (CA)					
Secondary Add1: 1 Hill Street	Add2:	Zip:	City:		
State: California (CA)					
Gender: Male	Group: Group 1	Email: john.doe@yopmail.com	<input checked="" type="checkbox"/> Enrolling in Medical Insurance		
<input checked="" type="checkbox"/> Enrolling in Dental Insurance	<input type="checkbox"/> Is Native American				

Once the employee is added, the Update Enrollment screen will ask for the Qualifying Life Event.

Please note: If the date of the event is not available, please submit the Employee change form via e-mail to CCSBEligibility@covered.ca.gov. This form and instructions on how to submit are located on the CCSB website, <https://www.coveredca.com/forsmallbusiness/applications-and-forms/>.

After selecting the Qualifying Life Event date, Open Employee Dashboard to Complete Enrollment which will move into the employee dashboard to process the application and for the employee plan selections.

In the Employee dashboard, select Apply for Coverage button for the employees' plan selection.

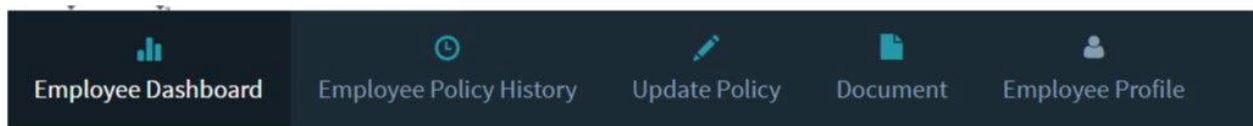


TO ADD A SPOUSE OR DEPENDENT:

From the employer dashboard, locate the Employee roster and find the applicable member. Select Update/View Employee Dashboard and then select Update Policy in the Dark Blue Banner.

Click Edit Application and then click Edit Household Info

Locate the employee who wants to add a spouse or dependent and select Update/View Employee Dashboard. From this page locate and select Update Policy in the Dark Blue Banner.



Once selected choose **Changing or Adding Coverage** –

Please note: A list of Qualifying Life Events is located in the [Employer Guide](#).

What update are you making?

Ending coverage for one or more members

Changing or adding coverage

✕ Cancel

Next >

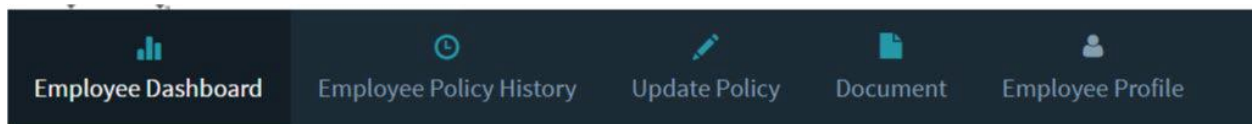
Please note: The ability to add a dependent or spouse is only available within the past 30 days from today's date. If the spouse or dependent's Qualifying Life Event was more than 30 days from today's date, please submit an Employee Change form via e-mail, to CCSBEligibility@covered.ca.gov. The Employee Change form and instructions on how to submit are available online at <https://www.coveredca.com/for-small-business/applications-and-forms>.

After inputting the date of the Qualifying Life Event, enter the effective date for the Qualifying Life Event. Enter the spouse or dependent demographics, and then select **Next**. Confirm the change.



TO TERMINATE AN EMPLOYEE, SPOUSE, AND/OR DEPENDENT (OR ALL OF THE ABOVE):

From the Employer Dashboard, locate the employee roster under the Employee section. Identify the employee who wants to terminate a spouse and/or dependent and select Update/View Employee Dashboard.



To process the termination of an employee, spouse, and/or dependent, select **Ending Coverage for one or more members** and scroll down to the bottom of the page, and select Update Enrollment.

Please note: A list of Qualifying Life Events is in the [Employer Guide](#).

What is the reason for the termination ?

What is the date of the event?
Termination of Coverage

07/14/2021

July 2021						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	01	02	03
04	05	06	07	08	09	10
11	12	13	14	15	16	17

Please note: The termination date, should be the last day the Employee worked and qualified for health coverage. Once the date of termination is provided, their coverage will end the first day of the following month.



When will the coverage termination **take effect** ?

Termination of Coverage on 07/14/2021

For an event of *Termination of Coverage* on 07/14/2021, the last day of coverage would occur on:

07/31/2021

Any coverage under an altered policy would begin on:

08/01/2021

[« Redo](#) [« Back](#) [Okay, Next >](#)

Select the individuals who will no longer be eligible for coverage. If terminating the subscriber, then all dependents will also be removed from coverage.

On 07/31/2021, which members are losing **all** coverage due to this event?

Termination of Coverage on 07/14/2021

Select	Member	First	Last	DOB	Gender	Medical	Dental
<input type="checkbox"/>	Employee	Jimmy	Sands	01/09/1986	Male	✓	✓
<input type="checkbox"/>	Spouse	Tyler	Loan	02/03/1984	Male	✓	✓

[« Redo](#) [« Back](#) [Next >](#)

Confirm the termination for the applicable employee or dependents to ensure the termination is processed.

Please Review

Type of event: **Termination of Coverage**

Date of event: **07/14/2021**

Members losing all coverage: **07/31/2021**

Event available for a special enrollment period: **NO**

Remains eligible for re-enrollment: **NO**

Members terminating coverage in red

Member	First	Last	DOB	Gender	Medical	Dental
Employee	Jimmy	Sands	01/09/1986	Male	✓	✓
Spouse	Tyler	Loan	02/03/1984	Male	✓	✓

[« Redo](#) [« Back](#) [Confirm](#)



NOTIFICATIONS:

When logged into the employer system, there will be a small bell on the top right-hand corner of the screen, which may have a red circle with a numeric within. This is the notifications section, which will showcase any updates which may have occurred in your account. For every notification that is received an e-mail will be sent detailing what occurred.

Please note: This section will be updated when employees enroll in their policies, along with many other types of brief notifications. These notifications will also be sent via e-mail, and if applicable, a paper copy will be sent in the mail.

The screenshot shows the user interface of the Covered California Small Business portal. At the top, there is a navigation bar with the logo and text 'COVERED CALIFORNIA SMALL BUSINESS'. To the right of the logo, there is a customer service phone number '1-855-683-6757' and a user profile icon labeled 'LFarms'. Below the navigation bar is a dark menu with icons and labels for 'Dashboard', 'Employees', 'Applications', 'Payments', 'Agent', 'Documents', and 'Company Profile'. The main content area is titled 'Notification Center' and includes a search bar. A notification is displayed with the title 'New contact information for Kenny Rodgers' and a date of '07/08/2021'. The notification body contains the Covered California Small Business logo and the text: 'New contact information for Kenny Rodgers', 'Your employee Kenny Rodgers has just updated their contact information.', and 'If you think this is a mistake, please contact our Covered California for Small Business Service Center at (855)777-6782 or contact your agent.'

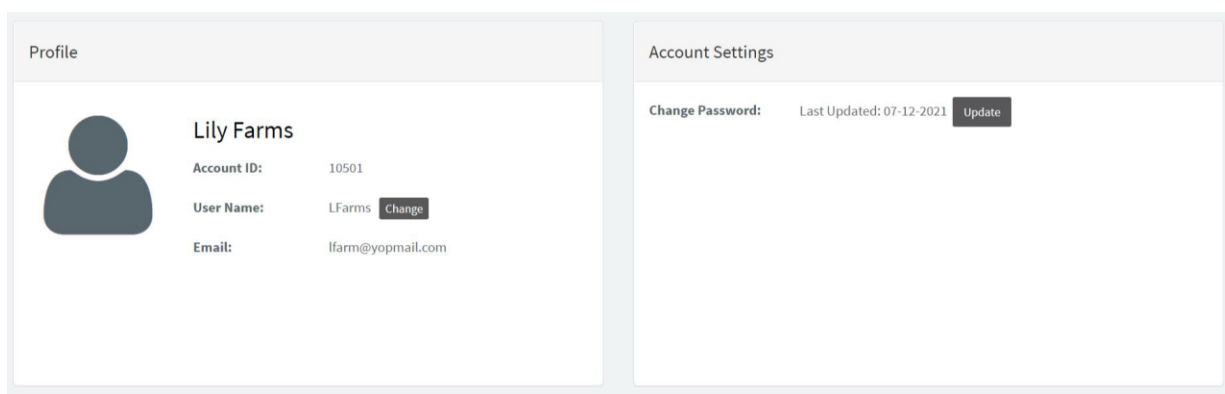


ACCOUNT SETTINGS:

Select the username at the top right-hand side of the screen, which will populate a drop-down box with multiple options. Select the option to go into Account Settings.



When you select Account Settings, you will be taken to the Profile and Account Settings page. From here you can update your Username or Password. Click the change or update button, and from here you will be prompted to update your username or password.



Please note: Usernames must be unique; you are not allowed the same Username as another user on the system.