

Key Functionality | Transfer a Member

DELTA DENTAL Benefit Manager Toolkit © RED DELICIOUS SIGN OUT SWITCH MEMBER

Smith Susie (Subscriber)

Member Details

ID CARD | VIEW HISTORY TERMINATE **TRANSFER** COPY | EDIT

Personal Info	Eligibility	Contact Info
Prefix: -	Member Type: Subscriber	Address: 123 ABC STPT Jolly, MI
Last Name: Susie	Eligibility Status: ACTIVE	Country: -
First Name: Smith	Eligibility Status Reason: New enrollment	Country: -
Single Name Indicator: No	Hire Date: -	Email Address: -
Middle Name: -	Eligibility Effective Date: 08/09/2021	Phone: -
Suffix: -	Received Date: 08/10/2021	
Gender: Unknown		
Date of Birth: 01/01/1998		
EEOB Indicator: No		

To **Transfer a Member**, begin by navigating to the **Member** tab within the **Member Eligibility** section and searching for the desired member. Select a Member from the returned list to continue.

Once the selected Member's profile page populates, scroll down to the **Member Details** section and press **Transfer**.

When the **Transfer popup** appears, work through each section to copy the Member

Transfer Members

1. Select Member

Search for a member to transfer membership.

First Name: [] Last Name: [] Social Security Number: [] Date of Birth: []

Cancel Continue

Transfer Members

2. Select Member Attributes

Select member attributes to include in transfer.

Member Type	Name
<input checked="" type="checkbox"/> Subscriber	Open Scale

Back Next

Transfer Members

3. Select Member Attributes to Include in Transfer

Select member attributes to include in transfer.

All Members

Multiple Category: [] Plan: [] Term: []

Back Next

Transfer Members

4. Complete

Transfer Summary:

Plan	From	To	Effective Date	Transfer Type
0004	0004	0004	08/10/2021	Open Scale

Complete Transfer

Key Functionality | Transfer a Member (continued)

Transfer Members

Transferring From:		Transferring To:			
Payer:	DDPMI	Payer:	DDPMI	Received Date:	-
Group ID:	10642	Group ID:	10642	Hire Date:	-
Subgroup ID:	0002	Subgroup ID:	0004	Effective Date:	08/11/2021
		Alternate ID:	081020211	Override Paid Claims:	No
				Override Age Limits:	No

Name	Member Type	Details
Smith Susie	Subscriber	Success

CLOSE

When the **Transfer** has been successfully completed, you will see a **Success** note in the **Details** section.

DELTA DENTAL Benefit Manager Toolkit ©
RED DELICIOUS SIGN OUT

Smith Susie (Subscriber)

<< Back To Results
SWITCH MEMBER

Payer: DDPMI | Group Type: Group | Benefit Period: 01/01/2021 - 12/31/2022 | Plan: Delta Dental PPO (Standard)

Group Subgroup Route New Client Effective 01/01/2021

Group	Subgroup	Contract
Group ID: 10642 Group Name: Ben & Jerry's Effective Date: 01/01/2021 Group Health Plan Cert: No Status: Active ID Card: Yes	Subgroup ID: 0004 Subgroup Name: Ben & Jerry's Effective Date: 01/01/2021 Group Health Plan Cert: No Status: Active ID Card: No	Period: 01/01/2021 - 12/31/2022 Service Type: Dental Enrollment Type: Dependent Eligibility Reporting Restriction Type: No Restriction Credit Date Type:

Family Enrollment

Coverage Type: Subscriber Only ADD DEPENDENT

Member ID	Name	DOB	Member Type	Status	Eligibility Effective Date	Special Attribute	Marged
****Q21 (View)	Smith Susie	01/01/1998	Subscriber	FUTURE ACTIVE	08/11/2021	-	-

👤 Custodial Parent ⚠️ Coverage

Member Details

ID CARD | VIEW HISTORY
TERMINATE | TRANSFER | COPY | EDIT

Personal Info	Eligibility	Contact Info
Prefix: - Last Name: Susie First Name: Smith Single Name Indicator: No Middle Name: -	Member Type: Subscriber Eligibility Status: FUTURE ACTIVE Eligibility Status: Transfer Reason: - Hire Date: - Eligibility Effective: 08/11/2021	Address: 123 ABC STREET, Jolly, MI, 12345 Country: - Country: US Email Address: smith23@email.com Phone Number: (23) 456-7890

After closing out of the **Transfer workflow**, you will see the newly Transferred Member(s) on the **Member Details** page.