

## Overview

This Quick Guide is intended for Certified Enrollers assisting consumers who want to change or cancel their current health and/or dental plan. Canceling coverage can only take place if the health or dental plan has not started yet. Disenrolling from coverage can only take place once the health or dental plan has already started.

## Change or Cancel Coverage on Behalf of the Consumer

A consumer may disenroll from coverage if it is after the coverage start date. A Certified Enroller also may help the consumer disenroll by completing the following steps:

1. Enter your credentials to access your **Agency Home page**.



2. Click the **My Delegations** dropdown located on the dashboard.



- 3. Click the **My Active Delegations**. This will lead you to your list of consumers.
- 4. Click on the consumer you would like to disenroll.

Delegations My Active Delegations 2 items • Sorted by Consumer Contact • Filtered by My delegation						
		Consumer Con 🕇 🗸	CalHEERS 🗸			
1		Keitha Paucek	i			
2		Nicola Waters				



## Cancel and Disenroll Coverage Quick Guide

5. Click on the **Consumer Case** hyperlink on the right side of the page.



• You will be directed to the consumer's application home page:

			T 🔇 ? 🛱 🖂 8
	Welcome ba	ick, Margarete!	
	Î 🔪	<b>Continue Application</b> Complete your application by 03/27/2023.	Continue

- 6. Scroll down to the middle of the page and click **More Actions** under **Manage Your Application** section.
  - You can either choose Shop and Compare or Withdraw Application for 2023.



7. Select the **Health Plan** or **Dental Plan** tab to disenroll coverage.





8. Select the ellipsis (...) located in the right corner and choose **Cancel Plan**.

Enrollment Status: Pending	8
	Change Plan
	Cancel Plan
	Plan Details

9. Select the member of the family you would like to disenroll and answer the questions below the consumer's icons. When finished, click **Continue**.

	□ 0 0 6 ⊠ 8
4- Back to Entrollment Dashboard Centrol Charges	
Who's Canceling Their Health Plan? (Select all members that apply)	
• Ellen G. Clark G. Audrey G. Rusty G.   50 yrs (bloscroter) 49 yrs 16 yrs 14 yrs	
When do you want to end coverage?	
O Last day of the current month (April 30, 2023)	
O Last day of next month (May 31, 2023)	
O Last day of the month after next (June 30, 2023)	
Why are you ending health coverage?(Optional)	
○ Bought coverage outside Covered California	
O Moving out of California	
C Got coverage through work	
Convertice of agent's error	
Back	
	_



10. Select **Confirm** when the pop up appears or **Go Back** if the information is incorrect.

