Dependent Eligibility Verification Audit (DEVA)
How to Drop an Ineligible Dependent

Follow the step-by-step instructions below to drop your ineligible dependent online.

To learn more about DEVA, visit sfhss.org/deva.

- **How long do I have to respond?** Please refer to your Notification Letter for the deadline to submit your verification documentation, which you received in the mail. If you have any questions about the deadline to submit documentation, please contact SFHSS at (628) 652-4700.

- **Problems logging in? Need to reset your password?** If you experience technical issues accessing your account and cannot resolve with our online resources or need to reset your password, call SFHSS at (628) 652-4700.

- **How do I drop my ineligible dependent?** You can drop your dependent online by following the instructions below. You can also drop your dependent by completing an Enrollment Form and submitting it by fax or mail. Enrollment Forms can be downloaded at sfhss.org. Our fax number is (628) 652-4701 and our mailing address is SFHSS, 1145 Market Street, 3rd Floor, San Francisco, CA 94103.

- You can also drop your documentation off in our secure Drop Box located on the 3rd floor from Monday to Friday from 9am to 5pm. Our offices are currently closed to the public.
Let’s Get Started

1. Go to the San Francisco Employee Gateway https://myapps.sfgov.org/ccsfportal/signin
   Click on the San Francisco Employee Portal icon.
2. Enter your Employee ID and password. Click Agree & Sign In.
3. Complete the security verification and click Verify.
4. If you are a Retiree and have not previously registered for an account, click on “First time registration for Retirees, City College or SFUSD.” If you would like step by step instructions on how to Register Your Account (one-time only), visit sfhss.org/deva.
5. Under the Employee Links tab (under the My Links tab), click on Submit a Qualifying Life Event.
6. Select “I received a DEVA notice” at the bottom of the list.

7. Click the Continue button.

Begin a Life Event – Dependent Verification Request
8. Select, “My dependent is ineligible and I would like to drop them from coverage.”

9. Click Continue.

Your Life Event Has Been Submitted

10. After you click Continue, your screen will automatically begin processing a life event and your screen should read, “Your life event has been submitted.”

You can now begin the process of disenrolling your ineligible dependent from your existing benefit plan enrollment.

11. Click on the “Begin your Benefits Enrollment” button to continue.

Enroll in Benefits

12. Click on the Edit button next to the ineligible spouse or domestic partner you wish to dis-enroll from your benefits.
13. You will need to update TWO items on the “Dependent/Beneficiary Personal Information” page:

1. Relationship to Employee
2. Marital Status
14. Click on the **Edit** button. Next, click on the dropdown menu under “**Relationship to Employee**” and select either “**ExSpouse**” or “**ExDomestic Partner**.”

15. Then click on “**Marital Status**” and select the current status of your relationship with your ineligible dependent.

16. Hit the **Save** button to continue.
17. After saving, you should no longer see your ex-spouse or ex-domestic partner listed as a dependent.

Confirm Personal Information

18. If your ineligible dependent is no longer your “Emergency Contact,” please update this page and click on the **Save and Continue** button.
Current Elections

19. Next, you will begin going through your current benefit elections, where **you will need to dis-enroll your ineligible dependent** from your medical, dental, and/or Vision Premier health plan coverage.

![Image of Current Elections table]

<table>
<thead>
<tr>
<th>Plan</th>
<th>Current Election</th>
<th>Current Coverage Level</th>
<th>New Election</th>
<th>New Coverage Level</th>
<th>My Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Trio HMO – Blue Shield of CA</td>
<td>Member Only</td>
<td>Same</td>
<td>Same</td>
<td>$ 35.82</td>
</tr>
<tr>
<td>MED Split</td>
<td>UnitedHealthcare MA PPO</td>
<td>One dependent with Medicare A&amp;B</td>
<td>Same</td>
<td>Same</td>
<td>$ 213.06</td>
</tr>
<tr>
<td>Dental</td>
<td>DeltaCare USA DHMO</td>
<td>Member plus one dependent</td>
<td>Same</td>
<td>Same</td>
<td>$ 51.04</td>
</tr>
<tr>
<td>Vision Premier</td>
<td>VSP Premier Plan</td>
<td>Member plus one dependent</td>
<td>Same</td>
<td>Same</td>
<td>$ 15.92</td>
</tr>
</tbody>
</table>

Do you agree with the new elections shown above?

- [ ] Yes
- [ ] No

20. Select “No” under the question, “Do you agree with the new elections shown above?” Click the “Save and Continue” button.
Choose a Medical Plan

21. Disenroll your ineligible dependent by deselecting the box under *Enroll* next to your ineligible dependent’s name. Click the “Save and Continue” button.
### Choose a Dental Plan

**Who would you like to enroll in this plan?**

<table>
<thead>
<tr>
<th>Enroll</th>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>John Doe</td>
<td>Self</td>
</tr>
<tr>
<td>☑️</td>
<td>Bob Doe</td>
<td>Spouse</td>
</tr>
</tbody>
</table>

[Image: Member plus one dependent]

The above list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Manage Dependents button to add new dependents to your list.

You may enroll any of these individuals for coverage under this plan by checking the Enroll box next to the dependent’s name.

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[Image: Member Only]

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22. Disenroll your ineligible dependent by deselecting the box under **Enroll** next to your ineligible dependent’s name. Click the “**Save and Continue**” button.
23. Disenroll your ineligible dependent by deselecting the box under **Enroll** next to your ineligible dependent’s name. Click the “**Save and Continue**” button.
24. This is your opportunity to review your elections. To edit a section, click on the pencil. Click the Continue button. If you need to go back to a previous screen, use the breadcrumbs at the top of the page to navigate there.
Submit Elections

25. Click the “Submit” button. Your previous elections dropping your ineligible dependent from your health plan coverage have been submitted and will be reviewed and processed by SFHSS.
Enrollment Completion

We appreciate your commitment in helping SFHSS maintain compliance and manage healthcare costs by ensuring that only eligible dependents are enrolled. Your elections have been submitted and are subject to approval and final processing by SFHSS. Click the printer icon to print a summary of the benefit elections you have just made for your records. You will not be able to print the election summary after you exit this session.

Click here to print

A confirmation letter from SFHSS will be mailed to you confirming your finalized Enrollment.

You can exit your online benefits enrollment by clicking the Exit button or on ‘Sign Out’ in the top right-hand corner of the page.

26. Exit by clicking **Exit** or **Sign Out** in the top right-hand corner of the page.

Congratulations!

You have successfully removed your ineligible dependent from your health plan coverage. Your documentation will be reviewed by SFHSS and you will receive a letter in the mail regarding the status of your submission.

Questions?

Our phone hours are Monday, Tuesday, Wednesday, and Friday from 9am to 12pm and 1pm to 5pm and on Thursdays from 10am to 12pm and 1pm to 5pm at (628) 652-4700.