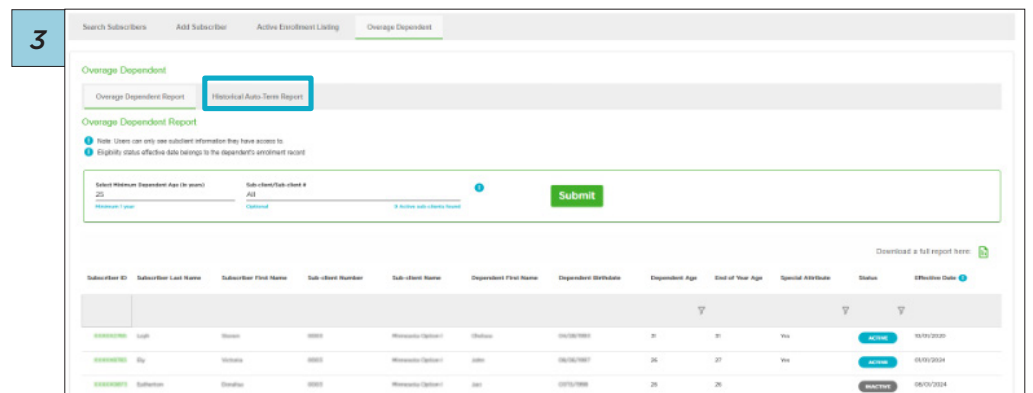
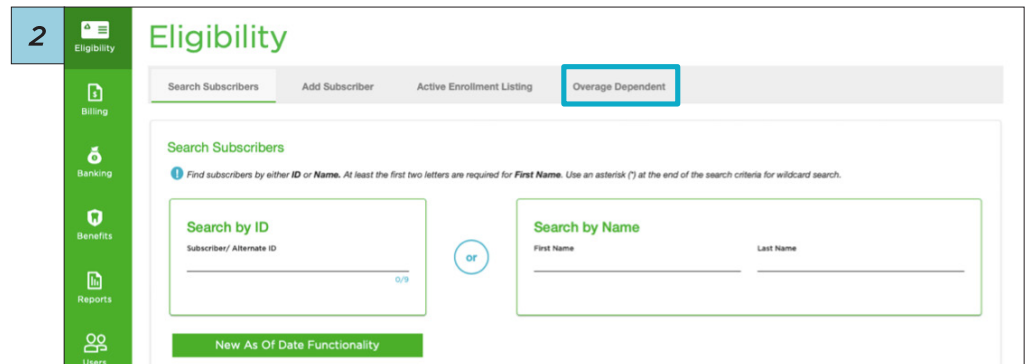
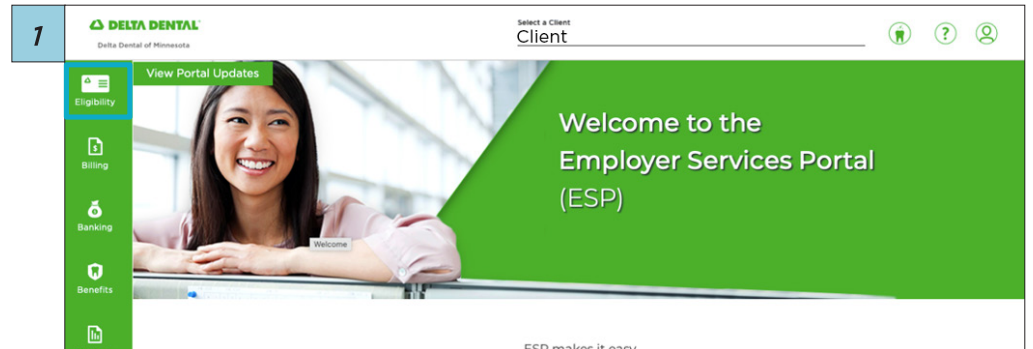


# Employer Services Portal (ESP) Quick Guide

## How to utilize the Historical Auto-Term Report tab

1. On the left navigation menu, click **Eligibility**.  
*Image 1*
2. Click **Overage Dependent**.  
*Image 2*
3. Click the **Historical Auto-Term Report** tab.  
*Image 3*



# Employer Services Portal (ESP) Quick Guide

## How to utilize the Historical Auto-Term Report tab

4. Click on the **Subscriber ID** to access the subscriber record

The results shown are for the current month with a notification period of two months prior. If your group is enrolled in auto-term, coverage for dependents is canceled two months before their birthday. For example, August birthdays will be processed in June.

If you do not see results on screen, no overage dependents have been terminated during the selected time period, or your group isn't enrolled in auto-term.

Use the **Active Enrollment Listing** tab for a full list of subscribers and dependents.

*Image 4*

5. Click the **Download** icon for a full listing of dependents who have or will reach the maximum age on the plan.

*Image 5*

Overage Dependent Report
Historical Auto-Term Report

**Historical Auto-Term Report**

Delta Dental and DeltaVision® standard process for the notification period is 2 months before the overage-dependent birth date.

I am looking for dependents for  This group's notification period is 2 months prior

Download a full report here:

Subscriber ID	Subscriber Last Name	Subscriber First Name	Dependent First Name	Dependent Birthdate	Sub-client Number	Sub-client Name	Term Date
<span style="border: 1px solid #00a651; padding: 2px;">XXX-XX-0001</span>	Last Name	First Name	Name	05/04/1998	0003	Minnesota Option I	06/01/2024
XXX-XX-0001	Last Name	First Name	Name	05/06/1998	0003	Minnesota Option I	06/01/2024
XXX-XX-0001	Last Name	First Name	Name	05/13/1998	0003	Minnesota Option I	06/01/2024

I am looking for dependents for  This group's notification period is 2 months prior

Download a full report here:

Subscriber ID	Subscriber Last Name	Subscriber First Name	Dependent First Name	Dependent Birthdate	Sub-client Number	Sub-client Name	Term Date
XXX-XX-0001	Last Name	First Name	Name	05/04/1998	0003	Minnesota Option I	06/01/2024
XXX-XX-0001	Last Name	First Name	Name	05/06/1998	0003	Minnesota Option I	06/01/2024
XXX-XX-0001	Last Name	First Name	Name	05/13/1998	0003	Minnesota Option I	06/01/2024
XXX-XX-0001	Last Name	First Name	Name	05/24/1998	0003	Minnesota Option I	06/01/2024
XXX-XX-0001	Last Name	First Name	Name	06/02/1998	0003	Minnesota Option I	07/01/2024
XXX-XX-0001	Last Name	First Name	Name	06/03/1998	0003	Minnesota Option I	07/01/2024