

Plan Year 2026 Special Enrollment Period

Validation & Enrollment Processes
for **Off-exchange** Policies

November 20, 2025
Copyright 2025

Training Objectives

What's new for 2026?

Plan year 2026 off-exchange SEP training **is the same as last year**. There are no changes to the processes or business rules.

- ✓ Explain the off-exchange SEP validation process to your clients.
- ✓ Understand the types of documents required for qualifying events.
- ✓ Describe the SEP process for both **online** and **paper** applications.
- ✓ Know how to affirm you completed this training.

Acronyms

CCOC:	Certificate of Creditable Coverage
CMS:	Centers for Medicare & Medicaid Services
DOB:	Date of Birth
FFM:	Federally Facilitated Marketplace
ICHRA:	Individual Coverage Health Reimbursement Arrangement
MEC:	Minimum Essential Coverage

OE:	Open Enrollment
QE:	Qualifying Event
QHP:	Qualified Health Plan
SEP:	Special Enrollment Period
QSEHRA:	Qualified Small Employer Health Reimbursement Arrangement

Contents

Page

4	Special Enrollment Overview
13	Applying for Special Enrollment
20	Contacting SEP Applicants
25	Required Documents for SEP Qualifying Events
51	SEP Business Rules and Training Affirmation Steps

Special Enrollment Overview

- Special Enrollment Period Definition
- Minimum Essential Coverage
- QE Validation Documents Requirements
- DO's to Save Time & DON'Ts to Avoid Delays
- Two Qualifying Event Categories
- One-time Use of QEs
- Invalid QEs

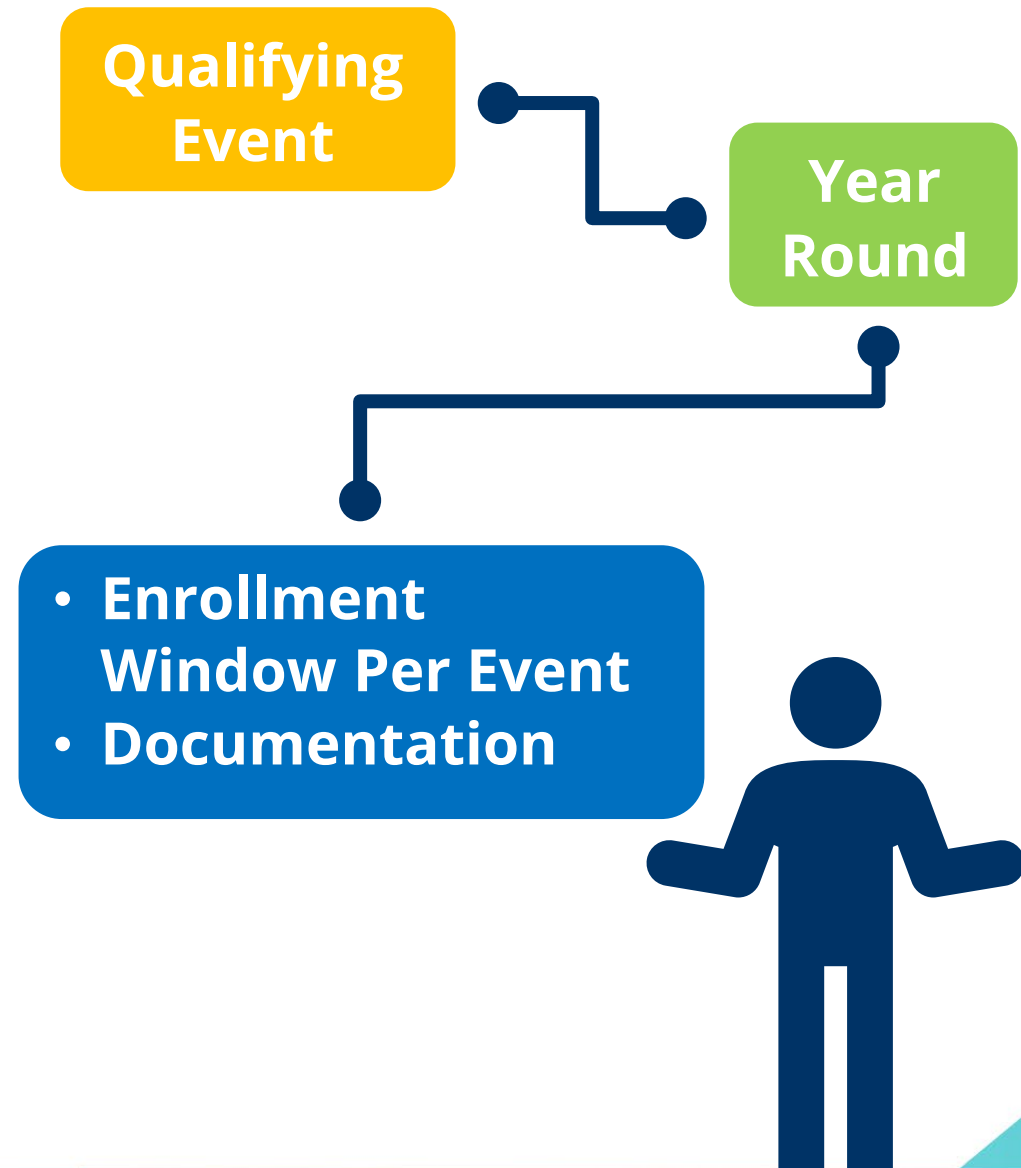
Special Enrollment Overview

Special Enrollment Period Definition

A Special Enrollment Period is a period when your client can sign up for health coverage or apply for a different plan due to a qualifying event.

Special enrollment is available year-round for individuals who:

- ✓ meet the criteria
- ✓ apply within their QE enrollment window
- ✓ supply required documentation



Special Enrollment Overview

Minimum Essential Coverage

Defined

Minimum essential coverage is health insurance coverage that meets the Affordable Care Act's shared responsibility provision, also known as the individual mandate.

Examples of MEC

The best way to define MEC is to [list some examples of MEC from CMS](#):

- Employer-sponsored coverage, including COBRA coverage and retiree coverage
- Individual ACA qualified health plans, all of which have “[essential health benefits](#)”, as well pre-ACA individual grandfathered and transitional plans
- Medicare Part A and Medicare Advantage plans
- Children's Health Insurance Program (CHIP) coverage and most Medicaid coverage
- TRICARE and some types of veteran's health coverage administered by the Veterans Administration
- Refugee Medical Assistance supported by the Administration for Children and Families
- State high risk pool coverage established on or before November 26, 2014, in any state

In this training, references to “coverage” mean MEC

Special Enrollment Overview

QE Validation Documents Requirements

REASON	The reason/proof for loss of coverage or the reason/proof for gaining access to new coverage options should be evident in at least one document. This is the “Why” behind the QE.
EVENT DATE	<p>The QE date is <i>usually</i> the last day of coverage or the first day of access to new coverage options.</p> <p>If your client lost MEC, the event date is the last day of coverage. For example, if your client was laid off by their employer on Jan. 10 but the last day of employer-sponsored coverage was Jan. 31, the QE date is Jan. 31. In other situations, such as birth of a child or marriage, the QE date is the date the event took place. The QE date must correspond to the client’s SEP validation documents.</p>
SOURCE	Supporting documents must be from a legitimate source such as an insurer, employer, policy administrator or government agency.
DOCUMENT DATE	Documents must be dated within 90 calendar days of the QE date.

Special Enrollment Overview

DO's to Save Time

- **Use online applications** via the IFM Shop and Enroll powered by HealthSherpa portal. You will need to use the **Enhanced Direct Enrollment pathway to keep your NPN associated with your client's application.**
- When submitting the application, make the **initial premium payment.**
- **Include SEP validation documents with the app.** If you send documents separate from the app:
 - **If applied online:** Include primary applicant's full name and online E-Application number (found on applicant's SEP outreach letter) on the top of each page. If the producer doesn't have access to the E-Application number, include the primary applicant's full name and DOB on the top of each page.
 - **If applied via paper:** Include the primary applicant's full name and DOB on the top of each page.
- In most cases, include **all pages of every supporting document.**

Special Enrollment Overview

DON'Ts to Avoid Processing Delays

- **Don't use paper applications if possible.** *Over 30% of Paper Applications require our enrollment specialists to reach out to the applicant and require a response by deadline.* If the deadline is missed, the QE's enrollment window can close without effectuation, leaving your client without coverage.
- Paper applications include those uploaded via the Retail Producer Portal.
- **Don't send unreadable documents.** Illegible documents won't be accepted.

Special Enrollment Overview

Two Qualifying Event Categories

1. Caused the individual to lose MEC (such as aging off a policy or loss of employment)
2. Gained access to new coverage options (such as adding a dependent or moving to a new service area)

Special Enrollment Overview

One-time Use of Qualifying Event

- Members that enrolled in coverage using a QE and want a plan change must wait for the next OE or until they experience a new QE.
- Once consumers effectuate coverage for their QE, they can't change their coverage even if they're still within their SEP window.
- If the required validation documents are not received with the application, the applicant has 30 calendar days from notification to provide them or the application will be withdrawn, resulting in no coverage for the applicant. However, if the SEP window is still open, the applicant *can* reapply with the same QE.

Special Enrollment Overview

Invalid QEs

- Loss of any policy that doesn't meet the standards of MEC
- Loss of short-term or temporary coverage or travel insurance
- Voluntarily opting out of affordable employer-provided coverage
- Voluntarily canceling coverage before the policy renewal or end date
- Loss of coverage due to failure to pay full premium
- Canceling or not paying a dependent's coverage does not give that dependent or any other family member SEP eligibility
 - ✓ **Example 1:** A parent/policy holder has a dependent who's 22 years old. Coverage for both the policy holder and the dependent is canceled due to non-payment. The 22-year-old dependent is not SEP eligible (nor is the parent/policy holder.)
 - ✓ **Example 2:** One spouse is the policy holder and voluntarily terminates coverage. Neither spouse is SEP eligible. (Note that if the policy holder becomes Medicare eligible and cancels coverage, then the spouse or other dependents may be SEP eligible.)
- Voluntarily dropping job-based coverage during a coverage year while still working for an employer
- Loss of State or Federal benefits or assistance due to failure to provide documents or verification
- Ending participation in a Medical Cost Sharing group

Applying for Special Enrollment

- Enrollment Channel Overview
- Applying via Retail Producer Portal
- Applying via IFM Shop and Enroll powered by HealthSherpa
- Applying via Paper Application

Applying for Special Enrollment (Off-exchange only)

Enrollment Channel Overview

ONLINE: Retail Producer Portal	PAPER: Mail, Fax or Upload
<ul style="list-style-type: none">• You manage the entire application and submission process “end-to-end” via your Retail Producer Portal account• You maintain control throughout – from quote to effectuation, ensuring agent attachment• Sale is credited and visible to you in the portal, often within 24 hours• <u>Preferred enrollment channel for producers</u>	<ul style="list-style-type: none">• You supply the app to a client. You or the client can submit it via mail/fax. Or you can upload a digital file of the app via the Retail Producer Portal• Requires several back-end enrollment and billing touchpoints, making this the most time-consuming enrollment process• Missing, unreadable or incorrect information requires outreach and time

Applying for Special Enrollment

Retail Producer Portal

Tips for special enrollment:

1. Choose the app. The time of year and the plan year determine if the Special Enrollment Information panel opens.
2. Confirm how the client provided consent in the Authorization panel.
3. Select “Yes.”
4. Select all applicable life events.
5. Enter the date of the event(s).
6. The “Effective Date” adjusts depending on the event and date entered.

Submit documents via the E-Communication tab (next page). For details on using the Retail Producer Portal, [go here](#).

Agent Assisted Enrollment

Application Information

Writing Producer Number: [blank] Applicant Name: Jane M Doe Choose Application Form * 1 2023 Medical/Dental Application Effective Date 12/01/2023 6 Estimated Monthly Premium \$649.60

Authorization

☐ I confirm/attest that my client has completed and signed a paper application, and as the producer of record, I will be completing and submitting the application on their behalf. I will keep a record of the paper application for minimum of two years from the submit date.

☒ 2 I confirm/attest that I am assisting my client in person. That all the terms, agreements, acknowledgements and authorizations displayed on the paper application have been presented and communicated to my client.

Special Enrollment Information

Is this a Special Enrollment Period or "SEP" application? ☒ 3 Yes ☐ No

4

5

1. My dependent(s) and/or I lost Minimum Essential Coverage:

☐ a. For reasons beyond my control (not including reasons like failure to pay my full premium or and disregard on my part for the plan's rules) as of this date.

☐ b. Because someone on my plan turned age 26 or 30 if unmarried military veteran.

☐ c. Because the policyholder died as of this date.

☐ d. Because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended as of this date.

☐ e. Because someone on my plan was legally separated or divorced as of this date.

☐ f. Because my plan stopped covering people in my situation as of this date.

☐ 2. Because I got married on this date.

☐ 3. Because I had a baby, adopted a child, had a child placed with me for adoption, took in a foster child or was otherwise ordered to cover a dependent through a court order as of this date.

☐ 4. Because there was a mistake when I signed up for my last health plan, or I have shown proof that my previous health plan or issuer broke its contract with me as of this date.

☐ 5. Because someone on my plan had a change in income and doesn't qualify for the advance payment of premium tax credit or cost-sharing reductions, or my last non-Marketplace plan broke government rules as of this date.

☐ 6. Because I got new health plan options when I moved on this date.

☐ 7. Because my current policy ends on a date other than December 31, which is this date.

☐ 8. Because my employer offered to help with the cost of coverage either through an Individual Coverage Health Reimbursement Arrangement (ICHRA) or a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA).

☐ a. ICHRA ☐ QSEHRA

☐ a. My employer is newly offering participation in an ICHRA or QSEHRA as of this date.

☐ b. I am a new employee and my employer is offering participation in an ICHRA or QSEHRA as of this date.

If you do not see your circumstance listed above, please contact our Producer Services team at 1-866-514-8044 for assistance.

Cancel Save and Exit Submit Application

Applying for Special Enrollment

Retail Producer Portal

Submitting documents via the portal is simple. They should be in ONE digital file no more than 10 MB in size. Documents must be readable and complete.

1. Select the E-Communication tab.
2. Click the “Document Submission” link.
3. An “Account Number” is optional.
4. The “E-App Number” field is optional.
5. Select “SEP Documentation” from the “Document Type” drop down box.
6. Navigate to the file’s location. Select it. The filename will populate here.
7. Click the “Submit” button.
8. Click “OK” when the confirmation message and tracking number appears.

The screenshot displays the Retail Producer Portal interface. At the top, a navigation bar includes tabs for Home, Client Info, E-Communication (marked with a red circle 1), Quotes, Resources, and Training. Below the navigation bar, there are two main sections: E-Questions and Document Submission (marked with a red circle 2). The Document Submission section contains links for Document Submission and View Submitted Documents. Below this, a form titled 'Document Submission' provides instructions and fields for submitting a document. The form includes fields for Account Number (marked with a red circle 3), App Number (marked with a red circle 4), Document Type (marked with a red circle 5), and Location and Filename (marked with a red circle 6). The Document Type dropdown is set to 'Please Select One'. The Location and Filename field shows 'Choose File' and 'No file chosen'. A 'Submit' button (marked with a red circle 7) is at the bottom right of the form. Below the form, a confirmation message states: 'The document summary-plan-il-2024.pdf has been submitted. Your tracking number is #195117.' An 'OK' button (marked with a red circle 8) is at the bottom of the confirmation message. A 'Feedback' button is visible on the right side of the form.

Applying for Special Enrollment

Retail Producer Portal

Off Exchange enrollment can still be done via the Enrollment Tab on RPP. Nothing is changing with electronic Off Exchange application submissions. **This is the preferred method for all Off Exchange applications.**

Dental Only Applications can be submitted via the Enrollment Tab as well.

The image displays two screenshots of the Retail Producer Portal (RPP) interface, specifically the Enrollment tab. The top screenshot shows the 'Agent Assisted Enrollment' section with a 'Producer Information' form. The form includes fields for 'Producer First Name', 'Producer Last Name', 'Company Name', and 'Writing Producer Number*'. A red box highlights the 'Enrollment' tab in the navigation bar, and another red box highlights the 'Start Application' button. The bottom screenshot shows the 'Application Information' section. It includes fields for 'Writing Producer Number' (107900928), 'Applicant Name', 'Choose Application Form *' (a dropdown menu with options: '2023 Dental Application', '2023 Medical/Dental Application', and '2023 Dental Application'), 'Effective Date' (11/01/2023), and 'Estimated Monthly Premium' (More Information Needed). A red box highlights the 'Choose Application Form *' dropdown menu. Both screenshots include a navigation bar with tabs: Home, Client Info, E-Communication, Quotes, Resources, Training, and Enrollment. A blue banner at the top of each screenshot reads: 'Attention: Dental Only forms are now available for submission on the Enrollment tab!'.

Home Client Info E-Communication Quotes Resources Training **Enrollment**

Attention: Dental Only forms are now available for submission on the Enrollment tab!

Agent Assisted Enrollment

Producer Information

Producer First Name Producer Last Name Company Name Writing Producer Number*

Start Application

Home Client Info E-Communication Quotes Resources Training **Enrollment**

Attention: 2023 Dental Only forms are now available for submission on the Enrollment tab!

Agent Assisted Enrollment

Application Information

Writing Producer Number Applicant Name Choose Application Form * Effective Date Estimated Monthly Premium

107900928 Select One 11/01/2023 More Information Needed

2023 Dental Application
2023 Medical/Dental Application
2023 Dental Application

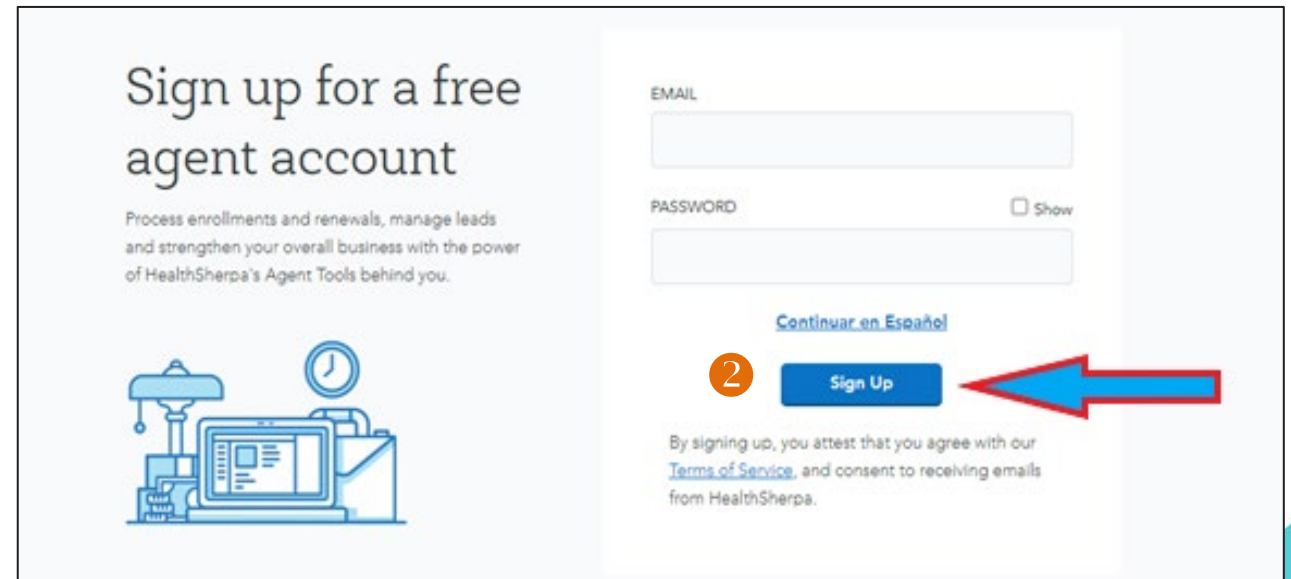
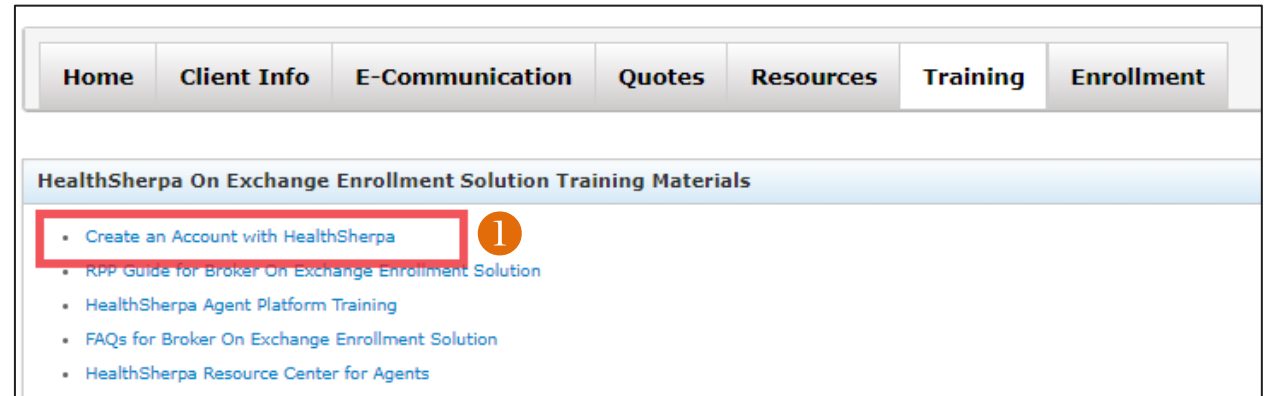
Authorization

Applying for Special Enrollment

IFM Shop and Enroll HealthSherpa

1. Create an Account with HealthSherpa
2. Complete the steps for creating an account. Once the Agent has finished all the necessary steps, they are ready to quote, enroll and service their clients.
3. On HealthSherpa, quoting and completing an application for a client with a SEP is very similar to Open Enrollment.
4. The main difference is that you will need to select your client's QLE in the 'Additional Questions' section of the application.

For details on using the HealthSherpa for SEP go [here](#) or [here](#).



Applying for Special Enrollment

Paper Application

We strongly advise that you submit online applications via the Retail Producer Portal. If you must use a paper application, be sure to:

1. Have your client gather the documents for his or her qualifying life event.
2. Submit the ENTIRE application (all pages) and documents together to us in **1 of 4** ways:

ENTER	Enter data from the completed app into the Retail Producer Portal via the Enrollment tab. Note that QE documentation must still be uploaded. See the portal guide for details on enrolling, SEP instructions and uploading documents.
MAIL	Send via regular mail to BCBS ATTN: Individual Enrollment, PO Box 660819, Dallas TX 75266-0819 (all states) Send via overnight mail to BCBS Individual Enrollment, 780 Shiloh Rd, Plano, TX 75074-7218 (all states)
FAX	Fax to 800-279-7419 (all states)
UPLOAD	Upload a digital file of the completed app via the Retail Producer Portal . Use “New Business Application” document type in the E-Communication tab when uploading the completed app and supporting documents. (Don’t use “SEP Documentation” when an app is included.)

Contacting SEP Applicants

- When Outreach is Required
- Overview of Document Request Process
- Applicant Outreach

Contacting SEP Applicants

When Outreach Is Needed

- Consumers must submit validation documents that are required for their QE to be eligible for an SEP.
- If no document is submitted, or if the wrong document is submitted with the application, we'll begin an outreach process.
- We'll [contact the applicant](#) directly by mail.
- If the required validation documents are not received with the application, the applicant has [30 calendar days](#) to provide them or the application will be withdrawn, [resulting in no coverage for the applicant](#). However, if the SEP window is still open, the applicant *can* reapply, but the effective date may be different based on received date.

Contacting SEP Applicants

Overview of Document Request Process

When we receive a digital or paper application, our enrollment team checks for SEP documents. If none exist or are invalid or incomplete, [we'll follow these steps](#):

Timeline	Action
1 st Calendar Day	FIRST OUTREACH: <ol style="list-style-type: none">1. Mail applicant a request letter with instructions on submitting the correct validation documents2. Pend application for a maximum of 30 calendar days, which begins when we make our first outreach attempt
Anytime during pend period	SECOND OUTREACH: If the applicant sends invalid or incomplete documentation, we'll mail the applicant a second request for validation documents
30 th Calendar Day	WITHDRAWAL: Mail applicant withdrawal letter if no valid documentation has been received, resulting in no coverage for applicant . However, if the SEP window is still open, the applicant can reapply, but the effective date may be different based on received date.

Contacting SEP Applicants

Applicant Outreach

DOCUMENTATION REQUEST LETTERS

- Within days of identifying missing documents, our enrollment team will send a letter to your client about the verification requirement.
- The letter provides instructions on what your client should do next.
- If invalid or incomplete documentation is received, a similar letter may be sent a second time within the 30-calendar-day pend period.
- With the SEP documentation request letter, a list of possible documents per life event is also included.
- The verification document must include the **date** the event occurred.
- The verification document must be **mailed** or **faxed** to us. It can also be **uploaded** via the Retail Producer Portal.
- Documents must be dated within 90 calendar days of the event date.

Contacting SEP Applicants

Applicant Outreach

WITHDRAWAL LETTER

- On the 30th calendar day of receiving the application, we will withdraw it if we haven't received proof of SEP eligibility.
- A withdrawal letter will be mailed on the 30th calendar day.
- If the SEP window (60 days from the QE) is still open, the applicant can reapply.
- If you or your client then submits a new application, **the effective date will be based on the submission of the new application**, not the first application that was withdrawn

Required Documents for SEP Qualifying Events

Required Documents for Qualifying Events

List of Off-exchange SEP Qualifying Events

1. I and/or my dependent(s) lost MEC:
 - For reasons beyond my control.
 - Someone on the plan turned age 26.
 - The policyholder died.
 - I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended.
 - Someone on the plan was legally separated or divorced.
 - I lost coverage when my plan stopped covering people in my situation.
 - Because the plan holder became eligible for Medicare.
2. I got married.
3. I had a baby, adopted a child, had a child placed with me for adoption, fostered a child or cover a dependent due to court order.
4. There was a mistake when I signed up for my last health plan, or my previous health plan or issuer broke its contract with me.
5. Someone on my plan had a change in income and doesn't qualify for premium tax credits or cost-sharing reductions, or my last plan broke government rules.
6. I moved.
7. My current policy ends on a date other than December 31
8. My employer offered to help with the cost of coverage through an ICHRA or a QSEHRA participation.
9. An allowed reason I do not see on this list.
 - I'm pregnant (Illinois only)

Required Documents for Qualifying Events

1 *I and/or my dependent(s) lost Minimum Essential Coverage (MEC) for reasons beyond my control*

One Document from This List:

- Letter/email from insurer or employer with reason for loss and last day of coverage
- COBRA “Notice of Eligibility” letter that shows the last day of employer coverage/ COBRA coverage start date
- COBRA “Termination of Coverage” letter that shows the last day of COBRA coverage
- State benefits continuation or discontinuation notice with last day of coverage

OR

This Document:

- Letter from applicant stating reason for loss of coverage and the last day of coverage

AND

One Document from This List:

- Letter/email from insurer with last day of coverage
- Printout from a benefits administration website with last day of coverage
- COCC with last day of coverage

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection.

Enrollment Window:

60 days before or after the QE

Required Documents for Qualifying Events

1 *I and/or my dependent(s) lost Minimum Essential Coverage (MEC) for reasons beyond my control*

Tips for a Successful Enrollment:

COBRA Tips

- ✓ COBRA documents must be dated within 90 calendar days of the QE date to be considered valid.
- ✓ Choosing COBRA coverage ends the SEP window. This is true even if the 60-day SEP window has not ended. A new SEP will open once COBRA terminates through no fault of the customer, or if the customer experiences another QE.
- ✓ Once enrolled in COBRA, a participant must continue to pay their premium. A COBRA participant that voluntarily cancels their coverage or is terminated for non-payment prior to the pre-determined COBRA end date is NOT SEP eligible.
- ✓ The COBRA Eligibility Notice shows the member is eligible for COBRA benefits due to loss of employer coverage within the last 60 days. The QE date is the day before the COBRA effective date. The Eligibility Notice must be from the COBRA administrator and shouldn't be confused with an election form from the former employer. An election form is not valid proof of this QE.

Other Tips

- ✓ Documents that show loss of MEC should include the names of all individuals covered under the policy if applicable.
- ✓ A letter from a government health program, like Medicaid, CHIP, TRICARE, Veterans Affairs, Peace Corps, or Medicare, showing when coverage ended (or will end) is valid proof for this QE.
- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.
- ✓ Applicants previously covered as dependents on a policy that was voluntarily terminated prior to the policy end or renewal date by the primary policyholder cannot claim "involuntary" loss of coverage.
- ✓ Losing MEC because the applicant failed to pay premiums or disregarded the plan's rules does not qualify for special enrollment.

Required Documents for Qualifying Events

1 *Someone on the plan turned age 26[‡]*

One Document from This List:

- Notification of reaching maximum age or termination of coverage letter/email from insurer with last day of coverage
- Letter/email from insurer with last day of coverage
- Printout from a benefits administration website with last day of coverage
- COCC with last day of coverage

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection

Enrollment Window:

60 days before or after the QE

[‡] In Illinois only: This QE also is for someone on the plan that turned 30, is unmarried and has military veteran status, is aging off of their plan or became eligible for Medicare. For these consumers, we would accept the same documents as someone on the plan turned 26.

CONTINUED ON NEXT PAGE.

Required Documents for Qualifying Events

1 ***Someone on the plan turned age 26[‡]***

Tips for a Successful Enrollment:

- ✓ Proof of age is not required if the DOB on the application supports the applicant turning age 26
- ✓ The applicant does not have to have been enrolled in one of our policies as a dependent to qualify for SEP due to reaching age 26.
- ✓ Reaching maximum age does not open the entire tax family to apply for coverage using this QE, only the dependent that is aging off current coverage is eligible for a SEP
- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.
- ✓ The QE date should be the last day that the applicant was covered as a dependent under their parent's policy. Please verify that the QE date is either on or after the applicant's DOB.
- ✓ In some cases, CMS will allow a dependent who is turning age 26 to remain on their parent's on-exchange policy until the end of the plan year (Dec. 31). If the dependent's on-exchange coverage is terminated after they turn age 26, the QE date should be their last day of coverage.

[‡] *In Illinois only: This QE is also for someone on the plan that turned 30 who is unmarried and has military veteran status.*

Required Documents for Qualifying Events

1 *The policyholder died*

One Document from This List:

- Letter/email from insurer with last day of coverage
- Printout from a benefits administration website with last day of coverage
- COCC with last day of coverage

Effective Date:

The applicant has the option to begin coverage the day after the policyholder died **OR** after the first day of the month following loss of coverage

Enrollment Window:

60 days after the QE (either the date of death **OR** the last day of coverage)

Tips for a Successful Enrollment:

- ✓ This QE is only available to individuals who were covered as dependents of the policyholder at the time of death.
- ✓ No obituary, death certificate or copy of a death certificate is needed. Please don't supply this information.
- ✓ If the policyholder had one of our policies, coverage will not overlap. If the policyholder had a policy from another carrier, the applicant can choose the effective date: the day after the policyholder dies or the day after the policy terminates. State the effective date on the application or in a cover letter. If a choice is not made, the default will be the day after the policy terminates.
- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.

Required Documents for Qualifying Events

1 *I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended*

One Document from This List:

- Letter/email from insurer or employer with reason for loss and last day of coverage
- COBRA “Notice of Eligibility” letter (from the COBRA administrator) that shows the last day of employer coverage/ COBRA coverage start date
- COBRA “Termination of Coverage” letter that shows the last day of COBRA coverage

OR

One Document from This List:

- Letter from applicant stating reason for loss of coverage and the last day of coverage
- Pay stubs from the past 1-3 months (one that shows a deduction for health coverage and another that shows the deduction ended in the past 60 days)

AND

One Document from This List:

- Letter/email from insurer with last day of coverage
- Printout from a benefits administration website with last day of coverage
- COCC with last day of coverage

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection

Enrollment Window:

60 days before or after the QE

CONTINUED ON NEXT PAGE.

Required Documents for Qualifying Events

1 *I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended*

You qualify for Special Enrollment if:

- ✓ You leave a job where you had health coverage (even if you left your job by choice or were terminated).
- ✓ Your employer terminates the company's group policy.
- ✓ Your employer failed to pay for job-based coverage, didn't pay group coverage premiums or stopped making coverage contributions resulting in termination of the policy under which you (or your dependents) were covered. A termination reason of "non-payment" is acceptable. For any of these reasons, the QE date should be the date that the employer stopped making payments/contributions.
- ✓ Your employer or the government completely ceases contributions toward COBRA. The QE window is 60 days before or after the QE date. The QE date should be the date subsidies towards COBRA coverage were lost. *Even if the applicant voluntarily terminated their COBRA coverage, this SEP would still be valid up to 60 days from the date subsidies were lost.*

Required Documents for Qualifying Events

1 *I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended*

Tips for a Successful Enrollment:

COBRA Tips

- ✓ COBRA documents must be dated within 90 calendar days of the QE date to be considered valid.
- ✓ Choosing COBRA coverage ends the SEP window. This is true even if the 60-day SEP window has not ended. A new SEP will open once COBRA terminates through no fault of the customer, or if the customer experiences another QE.
- ✓ Once enrolled in COBRA, a participant must continue to pay their premium. A COBRA participant that voluntarily cancels their coverage or is terminated for non-payment prior to the pre-determined COBRA end date is NOT SEP eligible.
- ✓ The COBRA Eligibility Notice shows the member is eligible for COBRA benefits due to loss of employer coverage within the last 60 days. The QE date is the day before the COBRA effective date. The Eligibility Notice must be from the COBRA administrator and shouldn't be confused with an election form from the former employer. An election form is not valid proof of this QE.

Required Documents for Qualifying Events

1 *Someone on the plan was legally separated or divorced*

One Document from This List:

- Court-issued legal separation document[‡] showing loss of coverage, the separation date, the Judge's signature (or the Court's stamp), and the member's name
- Court-issued divorce decree[‡] showing loss of coverage, the separation date, the Judge's signature (or the Court's stamp), and the member's name

[‡] Only pages that display what's noted above are required due to the sensitive nature of such court documents.

OR

This Document:

- Letter from applicant stating reason for loss of coverage and the last day of coverage

AND

One Document from This List:

- Letter/email from insurer with last day of coverage
- Printout from a benefits administration website with last day of coverage
- COCC with last day of coverage

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection

Enrollment Window:

60 days before or after the QE

Tips for a Successful Enrollment:

- ✓ This QE is only available to individuals who are losing coverage as the result of a legal separation or divorce.
- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.

Required Documents for Qualifying Events

1 *I lost coverage when my plan stopped covering people in my situation*

One Document from This List:

- Letter/email from insurer with reason for loss of coverage and last day of coverage
- Printout from a benefits administration website showing reason for loss of coverage and the last day of coverage

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection

Enrollment Window:

60 days before or after the QE

Required Documents for Qualifying Events

1 *Because the plan holder became eligible for Medicare*

One Document from This List:

- Proof of Medicare enrollment with effective date

OR

One Document from This List:

- Letter/email from insurer with the dependent's last day of coverage
- Printout for a benefits administration website with the dependent's last day of coverage
- Certificate of Creditable Coverage (COCC) with the dependent's last day of coverage

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection

Enrollment Window:

60 days before or after the QE

Required Documents for Qualifying Events

2 *I got married*

One Document from This List: <ul style="list-style-type: none">• Marriage certificate or marriage affidavit from officiant or witness• Domestic partner affidavit (accepted in Illinois, New Mexico, Oklahoma and Texas)• Civil union certificate (accepted in Illinois)• Notarized affidavit of common law marriage (accepted in Montana, Oklahoma and Texas)	AND	One Document from This List: <ul style="list-style-type: none">• Letter/email from insurer showing at least 1 day of MEC in the 60 days prior to the QE (insurer may include a government program such as Medicaid, CHIP, TRICARE, Veterans Affairs or Peace Corps)• Printout from a benefits administration website showing at least 1 day of MEC in the 60 days prior to the QE• COCC showing at least 1 day of MEC in the 60 days prior to the QE	Effective Date: <p>The effective date is the first of the month following the plan selection</p> Enrollment Window: <p>60 days after the QE</p>
--	------------	---	--

Required Documents for Qualifying Events

2 *I got married*

Tips for a Successful Enrollment:

- ✓ Only one spouse must show proof of MEC. The spouse who has MEC is not required to be on the application.
- ✓ Adding a spouse to a current active policy with us does not require a MEC document. The MEC document is required if the applicants had coverage provided by another carrier.
- ✓ For child-only policies, a birth certificate can be used to prove that the dependent was the child of either spouse and is therefore part of the Tax Family
- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.

Required Documents for Qualifying Events

3 *I had a baby, adopted a child, had a child placed with me for adoption, took in a foster child or was ordered to cover a dependent by court order*

No supporting documents are needed to enroll a newborn in a policy if the child's Date of Birth is within 60 calendar days of the application received date.

One Document from This List:

- Court-issued documents* showing foster or adoption placement, legal or medical guardianship, or health care coverage responsibility for a dependent and also includes the effective date, Judge's signature (or Court's stamp) and dependent's name
- Dependency verification letter from adoption agency

* Only pages that display what's noted above are required due to the sensitive nature of such court documents.

Effective Date:

Date of the QE.

For court ordered dependent coverage, the QE date would be either the date specified in the order, or the date the order went into effect.

Enrollment Window:

60 days after the QE

CONTINUED ON NEXT PAGE.

Required Documents for Qualifying Events

3 *I had a baby, adopted a child, had a child placed with me for adoption, took in a foster child or was ordered to cover a dependent by court order*

Tips for a Successful Enrollment:

- ✓ The new dependent can be added to existing coverage or enrolled in new coverage in a child-only policy.
- ✓ A U.S. Department of Homeland Security (DHS) immigration document that shows the name of the person who was adopted, and the date of the adoption can also be accepted.
- ✓ This QE allows anyone in the family to either change their current plan or purchase a new plan regardless of whether or not they are currently insured as long as the new dependent is included in the coverage. For example, a sibling won't be approved for new coverage if the new baby isn't included.
- ✓ In Texas, consumer can also use this QE if they have a child that is the subject of a suit of adoption.

Required Documents for SEP Life Events

4 *There was a mistake when I signed up for my last health plan, or I proved that my previous health plan or issuer broke its contract with me*

One Document from This list:

- Letter from Health Insurance Marketplace on official letterhead indicating your client is eligible to apply for a new plan under a Special Enrollment Period and effective date
- Letter/email from insurer indicating the insurer violated their contract with you

Effective Date:

The effective date is the first of the month following the plan selection.

Enrollment Window:

60 days after the QE

Required Documents for Qualifying Events

5 *Someone on the plan had an income change and doesn't qualify for premium tax credits or cost-sharing reductions, or my last off-ex plan broke government rules*

This Document:

- Letter from Health Insurance Marketplace on official letterhead indicating your client lost eligibility for a subsidy and effective date

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection

Enrollment Window:

60 days before or after the QE

Tips for a Successful Enrollment:

- ✓ Individuals who are still eligible for an Advance Premium Tax Credit (subsidy) cannot apply for a non-Marketplace plan using this QE.

Required Documents for Qualifying Events

6 *I got new health plan options when I moved*

One Document from This List:

- Driver’s license/state ID showing new address, issued within 60 days of QE
- Utility bill (gas, electric, water, etc.) showing new address and start date of new service within 60 days of QE
- Signed lease agreement or mortgage closing documents showing new address and possession date within 60 days of QE
- Vehicle registration showing new address and effective date within 60 days of QE
- USPS “Change of Address” confirmation showing former and current address and effective date within 60 days of QE

AND

One Document from This List:

- Letter/email from insurer showing at least 1 day of MEC in the 60 days prior to the QE (insurer may include a government program such as Medicaid, CHIP, TRICARE, Veterans Affairs or Peace Corps)
- Printout from a benefits administration website showing at least 1 day of MEC in the 60 days prior to the QE
- COCC showing at least 1 day of MEC in the 60 days prior to the QE
- Passport, visa or immigration documents showing that your client lived outside the U.S. (or a U.S. territory) no more than 60 calendar days prior to the QE date

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following the QE. If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection.

Enrollment Window:

60 days before or after the QE

Required Documents for Qualifying Events

6 *I got new health plan options when I moved*

Tips for a Successful Enrollment:

- ✓ For child only policies, conventional documents such as a State ID or utility bill may not be available in the child's name. In these cases, a document with the address of the policy owner is sufficient to prove permanent move for the child, so long as the address on the SEP document matches the address listed on the application.
- ✓ Documents must show address change took place within the last 60 days
- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.

Additional documents that prove **address change**:

- ✓ A letter from a government agency such as the Social Security Administration, the Internal Revenue Service, The Low Income Home Energy Assistance Program
- ✓ A notice from SNAP (food stamps) or TANF (cash assistance) agency
- ✓ A voter registration card
- ✓ A letter from an insurance company, like a homeowner's or renter's policy statement, that includes your policy start date at the new address.

Required Documents for Qualifying Events

7 *My current policy ends on a date other than December 31*

One Document from This List:

- Letter/email from insurer with reason for loss and last day of coverage
- State benefits continuation or discontinuation notice with last day of coverage
- Copy of policy documents that show a non-January 1st renewal date

OR

This Document:

- Letter from applicant stating reason for loss of coverage and the last day of coverage

AND

One Document from This List:

- Letter/email from insurer with last day of coverage
- Printout from a benefits administration website with last day of coverage
- COCC with last day of coverage

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection

Enrollment Window:

60 days before or after the QE

CONTINUED ON NEXT PAGE.

Required Documents for Qualifying Events

7 *My current policy ends on a date other than December 31*

Tips for a Successful Enrollment:

- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.
- ✓ Declining group coverage when starting a new job is not a valid QE. However, if an employee chooses not to renew group coverage during the employer's enrollment period, that event falls under this QE
- ✓ A group plan not covering certain conditions, not offering a level of coverage or not being priced in a way that is satisfactory to the employee are not valid QEs.
- ✓ A document from a health program, like Medicaid, CHIP, TRICARE, Veterans Affairs (VA), Peace Corps, or Medicare, showing when coverage ended or will end can also be accepted as proof or loss of MEC.
- ✓ A letter from the employer indicating a mid-year renewal or a group open enrollment period can also be accepted as proof or loss of MEC.

Required Documents for Qualifying Events

8 *Because my employer offered to help with the cost of coverage either through an Individual Coverage Health Reimbursement Arrangement (ICHRA) or a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)*

- a. My employer is newly offering participation in an ICHRA or a QSEHRA.*
- b. I am a new employee and my employer is offering participation in an ICHRA or a QSEHRA.*

This Document:

- Letter/email from the employer indicating the client's eligibility to participate in an ICHRA or a QSEHRA with the effective date of the arrangement.

Effective Date:

- If the application is received ON or BEFORE the QE date, the effective date of coverage is the QE date. (Note that the QE date is the date the employer will start providing ICHRA/QSEHRA coverage as outlined in the offer letter.)
- If the application is received AFTER the QE date, the effective date is the first day of the month following application submission.

Enrollment Window:

60 days before or after the QE

Required Documents for Qualifying Events

9 *Another allowed reason I do not see on this list*

For other reasons, contact the Producer call center or your General Agent (if applicable)

ILLINOIS	MONTANA	NEW MEXICO	OKLAHOMA	TEXAS
866.446.4353 9:00 am to 5:00 pm CT, Mon.-Thurs. 9:00 am to 4:30 pm CT, Fri.	855.707.0598 9:00 am to 5:00 pm MT, Mon.-Thurs. 9:00 am to 4:30 pm MT, Fri.	866.446.5685 9:00 am to 5:00 pm MT, Mon.-Thurs. 9:00 am to 4:30 pm MT, Fri.	866.446.5684 9:00 am to 5:00 pm CT, Mon.-Thurs. 9:00 am to 4:30 pm CT, Fri.	800.531.4457 9:00 am to 5:00 pm CT, Mon.-Thurs. 9:00 am to 4:30 pm CT, Fri.

Required Documents for Qualifying Events

- *I'm pregnant (Illinois only)*

One Document from This List:

- No documentation is required to validate, but the application will have to indicate pregnancy

OR

One Document from This List:

- Certification form a qualified health care professional (including a licensed certified professional midwife)

Effective Date:

If the plan selection occurs on or before the day of the QLE, the effective date is the first day of the month to ensure coverage for the entire month

Enrollment Window:

60 days before or after the QE

**Applies only to Illinois*

SEP Business Rules and Training Affirmation Steps

SEP Business Rules and Training Affirmation Steps

Plan Year 2026 SEP Business Rules

- Because our producers are so integral to the enrollment process, it's critical you're up-to-speed on SEP rules and processes to facilitate a smooth enrollment for new members.
- For Plan Year 2026, writing producers must read the training materials and affirm they took the training via Blue Access for ProducersSM (BAPSM).
- If you sell in multiple states, you only need to affirm via one state's BAP.
- After reviewing this training, follow the steps on the next slide to affirm you completed it. The training and affirmation
- The training affirmation must be completed by the writing producer or producer of record.
- There is no deadline; complete the training and affirm you did so before you help clients with an off-exchange special enrollment application.
- Affirming training on BAP is no longer tied to commission eligibility.

SEP Business Rules and Training Affirmation Steps

Training Affirmation Steps

After logging in to Blue Access for Producers,

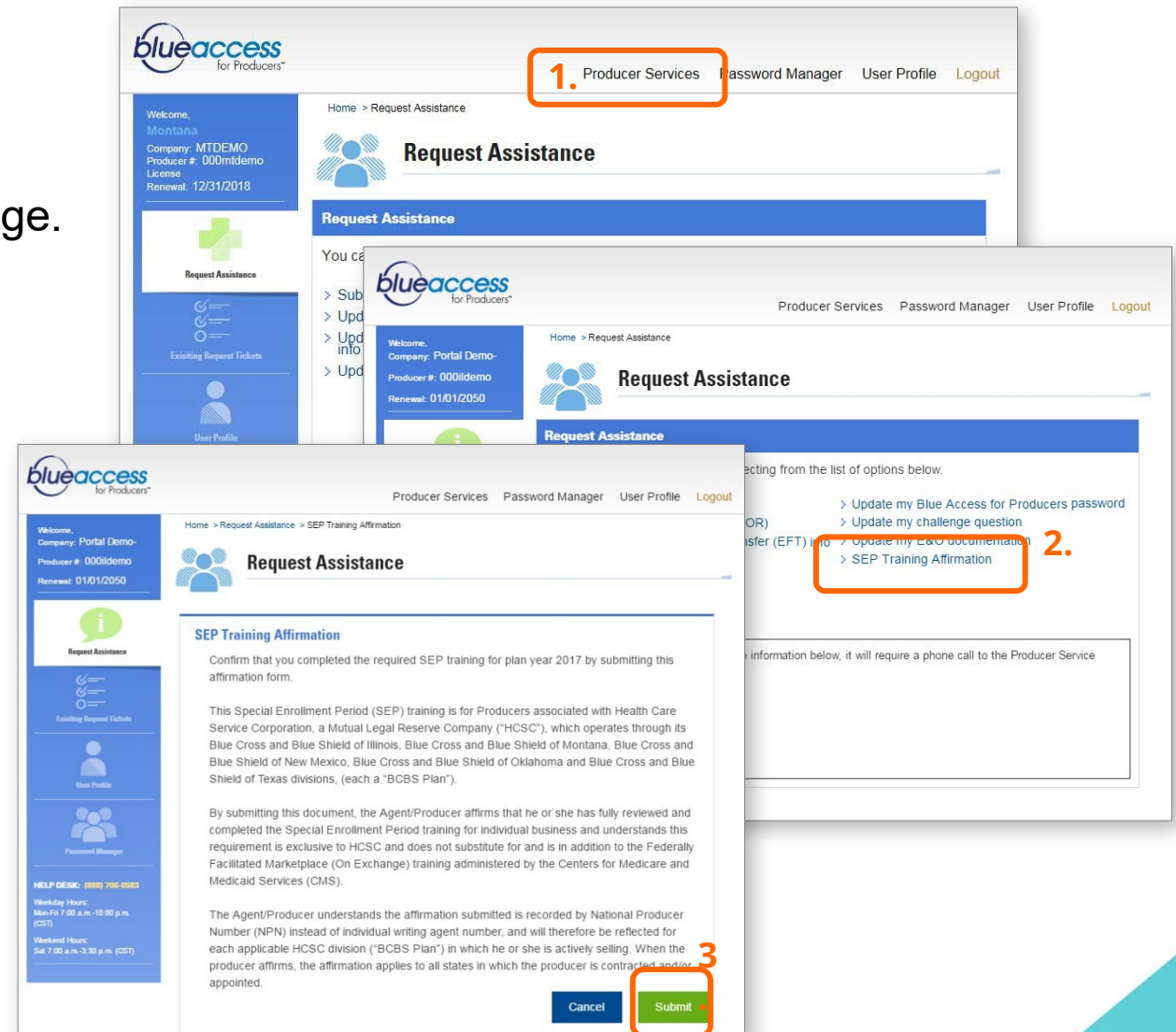
1. Select “Producer Services” at the top of the page.
2. Click on “SEP Training Affirmation” link.
3. Read the affirmation language and click on the green “Submit” button.

NOTE: SEP certification only needs to be submitted once per National Producer Number

Help Desk

If you need help logging in to Blue Access for Producers, contact our Help Desk at **888-706-0583** and wait for the agent/broker prompt.

- Monday - Friday: 7 a.m. to 10 p.m.
- Saturday: 7 a.m. to 3:30 p.m.



**Thank you for
completing the
SEP training**