

## Required Documentation for Special Enrollment Periods

A Special Enrollment Period (SEP) is a time during which an eligible person may enroll in an individual or family plan or change from one plan to another because of one of these qualifying life events:

- Loss of Minimum Essential Coverage;
- Marriage;
- Birth, placement for adoption, placement in foster care or gaining a court-ordered dependent;
- Non-calendar year expiration of coverage (coverage ends on a date other than 12/31);
- Reaching maximum age for dependent coverage;
- Access to new individual health plans due to permanent move or change in service area; or
- Other circumstances as determined by the Health Insurance Marketplace.

## A person enrolling as the result of a qualifying life event **must** provide:

• Proof that the qualifying life event occurred within sixty (60) calendar days of the application receipt date (some life events require proof of previous coverage).

## The following are **not** considered valid qualifying life events:

- Loss of short-term or temporary coverage;
- Voluntarily opting out of affordable employer-provided coverage;
- Voluntarily canceling coverage before the policy renewal or end date;
- Expiration of travel insurance;
- Loss of state or federal coverage or assistance due to failure to provide necessary documents or verification; and
- Loss of coverage due to failure to pay full premium.

Once a policy is paid for, the SEP ends and cannot be re-used to change the plan selection unless the policy was canceled as "never-in-force" by the insurer.

If you are unable to provide proof of Special Enrollment Period eligibility based on the document list below, but feel you are entitled to a Special Enrollment Period, please call us at 800-531-4456.

## Here is a list of documents accepted as proof of SEP eligibility.

Qualifying Life Event	Required Documentation
Qualifying Life Event	At least one document per section is required unless otherwise noted.
I and/or my dependent(s) lost Minimum Essential Coverage for reasons beyond my control (not including reasons like failure to pay my full premium or any disregard on my part for the plan's rules).	<ul> <li>Letter from prior insurer or employer with coverage termination date on company letterhead</li> <li>Printout from benefits administration website showing coverage end date</li> <li>COBRA "Notice of Eligibility" letter that shows the date of loss of employer coverage</li> <li>COBRA "Termination of Coverage" letter that shows the coverage termination date</li> <li>State discontinuation notice on official letterhead</li> <li>State continuation notice on official letterhead</li> <li>In addition to proof of the qualifying life event, you <b>must</b> provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date.</li> </ul>
l turned 26 and am no longer eligible for coverage on my family's plan.	<ul> <li>Termination of coverage letter from existing/prior insurer on company letterhead</li> <li>Printout from benefits administration website showing coverage end date</li> <li>Birth certificate</li> <li>Driver's license or state ID</li> <li>Military ID</li> <li>Passport</li> <li>In addition to proof of the qualifying life event, you <b>must</b> provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date.</li> </ul>
Someone on the plan was legally separated or divorced.	<ul> <li>Court-issued legal separation document or divorce decree (including date of separation, judge's signature, and member's name)</li> <li>In addition to proof of the qualifying life event, you <b>must</b> provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date.</li> </ul>
The policyholder died.	<ul> <li>Death certificate</li> <li>Obituary</li> <li>In addition to proof of the qualifying life event, you <b>must</b> provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date.</li> </ul>
I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended.	<ul> <li>Letter from employer on company letterhead indicating termination of employment, loss of employer contributions, or reduction in hours</li> <li>Printout from benefits administration website showing coverage end date</li> <li>Pay stubs confirming reduction in hours</li> <li>COBRA "Notice of Eligibility" letter that shows the date of loss of employer coverage</li> <li>Certificate of creditable coverage</li> <li>In addition to proof of the qualifying life event, you <b>must</b> provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date.</li> </ul>

Qualifying Life Event	<b>Required Documentation</b> At least one document per section is required unless otherwise noted.
I moved away from my HMO plan's service area.	<ul> <li>Driver's license or state ID</li> <li>Utility bill or property tax bill</li> <li>Rental, lease or mortgage agreement</li> <li>Vehicle registration</li> <li>USPS "change of address" receipt or documentation (example:</li> </ul>
<b>OR</b> I moved out of the service area and lost my group HMO coverage, and there were no other options with the group.	<ul> <li>internet printout)</li> <li>Note: Documentation must show the permanent move occurred no more than sixty (60) calendar days after the qualifying life event date and include the new address.</li> <li>In addition to proof of the qualifying life event, you <b>must</b> provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date.</li> </ul>
I have a claim that would meet or go over a lifetime limit on all benefits.	<ul> <li>Letter or notice from other insurer on company letterhead</li> <li>In addition to proof of the qualifying life event, you <b>must</b> provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date.</li> </ul>
I lost coverage when my plan stopped covering people in my situation.	<ul> <li>Letter or notice from other insurer on company letterhead</li> <li>Printout from benefits administration website showing coverage end date</li> <li>In addition to proof of the qualifying life event, you <b>must</b> provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date.</li> </ul>
l got married.	<ul> <li>Marriage certificate</li> <li>Domestic partner affidavit</li> <li>Notarized affidavit of common law marriage</li> <li>Note: Documentation must show the marriage occurred within sixty (60) calendar days of the qualifying life event date.</li> <li>In addition to proof of the qualifying life event, you <b>must</b> provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date.</li> </ul>
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.	<ul> <li>Birth certificate</li> <li>Guardianship papers*</li> <li>Court documents showing responsibility for foster or placement for adoption or requiring health care coverage for a dependent</li> <li>Dependency verification letter</li> <li>Evidence of medical guardianship</li> </ul>
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.	<ul> <li>Letter from Health Insurance Marketplace on official letterhead indicating you are eligible to apply for coverage</li> <li>Letter from other insurer on company letterhead indicating the insurer violated their contract with you</li> </ul>
Someone on my plan had a change in income and doesn't qualify for the advance payment of premium tax credits or cost-sharing reductions, or my last non-Marketplace plan broke government rules.	<ul> <li>Letter from Health Insurance Marketplace on official letterhead indicating you are eligible to apply for coverage.</li> <li>Note: Applicants who are still eligible for an Advance Premium Tax Credit (subsidy) cannot apply for coverage outside the Exchange using this qualifying life event.</li> <li>In addition to proof of the qualifying life event, you <b>must</b> provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date.</li> </ul>

Qualifying Life Event	<b>Required Documentation</b> At least one document per section is required unless otherwise noted.
l got new health plan options when I moved.	<ul> <li>Driver's license or state ID</li> <li>Utility bill or property tax bill</li> <li>Rental, lease or mortgage agreement</li> <li>Vehicle registration</li> <li>USPS "change of address" receipt or documentation (example: internet printout)</li> </ul>
	Note: Documentation must show a permanent move occurred no more than sixty (60) calendar days after the qualifying life event date and include the new address
	<ul> <li>In addition to proof of the qualifying life event, you must provide either of the following:</li> <li>Proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date, or</li> <li>Passport or visa showing that you have lived outside the US (or a US territory) no more than sixty (60) calendar days prior to the qualifying life event</li> </ul>
My current policy ends on a date other than December 31.	<ul> <li>State discontinuation notice on official letterhead</li> <li>State continuation notice on official letterhead</li> <li>COBRA "Termination of Coverage" letter that shows the coverage termination date</li> <li>Letter from other insurer on company letterhead</li> <li>Printout from benefits administration website showing coverage end date</li> <li>Carrier coverage cancellation notice</li> <li>Renewal letter from insurer or written verification from agent</li> <li>Certificate of creditable coverage</li> <li>In addition to proof of the qualifying life event, you <b>must</b> provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date.</li> </ul>
An allowed reason I do not see on this list that happened.	Determine needed documentation with an agent or broker
<ul> <li>Beginning or concluding service in:</li> <li>AmeriCorps, State and National</li> <li>Volunteers in Service to America (VISTA)</li> <li>National Civilian Community Corps (NCCC) programs.</li> </ul>	<ul><li>Certificate of release or discharge from active duty</li><li>Valid military ID</li></ul>
I lost Medically Needy coverage (optional group of Medicaid recipients such as blind, disabled, and others as defined by each state).**	Proof of loss of coverage
I lost Medicaid pregnancy coverage.	Proof of loss of coverage
I have recently been released from imprisonment.	Legal documents showing date of release

<sup>\*\*</sup> Medically Needy coverage is a special form of medical assistance for individuals whose income or resources do not qualify them for regular Medicaid. Selection can be made only once per calendar year outside Open Enrollment.