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.
### Qualifying Life Event

<table>
<thead>
<tr>
<th>Qualifying Life Event</th>
<th>Required Documentation</th>
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| 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). | • Letter from prior insurer or employer with coverage termination date on company letterhead  
• Printout from benefits administration website showing coverage end date  
• COBRA “Notice of Eligibility” letter that shows the date of loss of employer coverage  
• COBRA “Termination of Coverage” letter that shows the coverage termination date  
• State discontinuation notice on official letterhead  
• State continuation notice on official letterhead  
In addition to proof of the qualifying life event, you must provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date. |
| I turned 26 and am no longer eligible for coverage on my family’s plan. | • Termination of coverage letter from existing/prior insurer on company letterhead  
• Printout from benefits administration website showing coverage end date  
• Birth certificate  
• Driver’s license or state ID  
• Military ID  
• Passport  
In addition to proof of the qualifying life event, you must provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date. |
| Someone on the plan was legally separated or divorced. | • Court-issued legal separation document or divorce decree (including date of separation, judge’s signature, and member’s name)  
In addition to proof of the qualifying life event, you must provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date. |
| The policyholder died. | • Death certificate  
• Obituary  
In addition to proof of the qualifying life event, you must provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date. |
| I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended. | • Letter from employer on company letterhead indicating termination of employment, loss of employer contributions, or reduction in hours  
• Printout from benefits administration website showing coverage end date  
• Pay stubs confirming reduction in hours  
• COBRA “Notice of Eligibility” letter that shows the date of loss of employer coverage  
• Certificate of creditable coverage  
In addition to proof of the qualifying life event, you must provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date. |
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<tr>
<td>I moved away from my HMO plan's service area.</td>
<td>• Driver’s license or state ID</td>
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<td>• Utility bill or property tax bill</td>
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<td>• Rental, lease or mortgage agreement</td>
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<td>• Vehicle registration</td>
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<td>• USPS “change of address” receipt or documentation (example: internet printout)</td>
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<td>OR</td>
<td><strong>Note</strong>: 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.</td>
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<td>I moved out of the service area and lost my group HMO coverage, and there were no other options with the group.</td>
<td><strong>In addition to proof of the qualifying life event, you must provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date.</strong></td>
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<td>I have a claim that would meet or go over a lifetime limit on all benefits.</td>
<td>• Letter or notice from other insurer on company letterhead</td>
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<td>I lost coverage when my plan stopped covering people in my situation.</td>
<td>• Printout from benefits administration website showing coverage end date</td>
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<td>I got married.</td>
<td><strong>Note</strong>: Documentation must show the marriage occurred within sixty (60) calendar days of the qualifying life event date.</td>
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<td><strong>In addition to proof of the qualifying life event, you must provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date.</strong></td>
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<td>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.</td>
<td>• Birth certificate</td>
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<td>• Guardianship papers*</td>
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<td></td>
<td>• Court documents showing responsibility for foster or placement for adoption or requiring health care coverage for a dependent</td>
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<td>• Dependency verification letter</td>
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<td>• Evidence of medical guardianship</td>
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<td>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.</td>
<td>• Letter from Health Insurance Marketplace on official letterhead indicating you are eligible to apply for coverage</td>
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<td>• Letter from other insurer on company letterhead indicating the insurer violated their contract with you</td>
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<td>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.</td>
<td>• Letter from Health Insurance Marketplace on official letterhead indicating you are eligible to apply for coverage. <strong>Note</strong>: Applicants who are still eligible for an Advance Premium Tax Credit (subsidy) cannot apply for coverage outside the Exchange using this qualifying life event.</td>
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<td></td>
<td><strong>In addition to proof of the qualifying life event, you must provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date.</strong></td>
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*Guardianship that is not court ordered (voluntary guardianship) does not qualify for a SEP.*
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| I got new health plan options when I moved.                                       | • Driver’s license or state ID  
• Utility bill or property tax bill  
• Rental, lease or mortgage agreement  
• Vehicle registration  
• USPS “change of address” receipt or documentation (example: internet printout)  

*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*  

In addition to proof of the qualifying life event, you must provide either of the following:  
• Proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date, or  
• 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**  

My current policy ends on a date other than December 31.  

• State discontinuation notice on official letterhead  
• State continuation notice on official letterhead  
• COBRA “Termination of Coverage” letter that shows the coverage termination date  
• Letter from other insurer on company letterhead  
• Printout from benefits administration website showing coverage end date  
• Carrier coverage cancellation notice  
• Renewal letter from insurer or written verification from agent  
• Certificate of creditable coverage  

In addition to proof of the qualifying life event, you must provide proof of Minimum Essential Coverage for at least one day in the sixty (60) calendar days prior to the qualifying life event date.

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<th>An allowed reason I do not see on this list that happened.</th>
<th>• Determine needed documentation with an agent or broker</th>
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| Beginning or concluding service in:                        | • Certificate of release or discharge from active duty  
• AmeriCorps, State and National  
• Volunteers in Service to America (VISTA)  
• National Civilian Community Corps (NCCC) programs.  
|                                                            | • Valid military ID  
| 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  

** 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.