

Special Enrollment Period (SEP) Examples of Qualifying Events - Off Exchange

NOTE: This information is a guide, may not be all-inclusive and may be subject to change. Home office documentation will prevail in the event of a discrepancy.

| Qualifying Event (QE) | Definition | Supporting Documentation | Application Submission | Effective Date |
|--|--|---|---|---|
| Birth or Adoption of a child | <p>Addition of new dependent as a result of birth, adoption, placement for adoption or guardianship awarded</p> <p>NOTE: For adoption, date of placement is defined as when the adopting parents assume legal/financial responsibility.</p> | <ul style="list-style-type: none"> - Birth certificate or medical records from hospital or pediatrician which indicate name and date of birth - Adoption certificate or other legal evidence of the enrollee's right to control the health care of the child - Certificate of guardianship | <p>May apply within 60 days of the event</p> <p>SEP applies to all family members</p> | <p>Date of birth or adoption</p> <p>For guardianship: date the appointment for guardianship is awarded by the court</p> |
| Marriage (includes domestic partnership) | Addition of dependent due to marriage or domestic partnership | <ul style="list-style-type: none"> - Marriage certificate or Declaration of Domestic Partnership (in states where DP certificates are registered/issued. - In other states, we accept the QE date as listed on the signed/dated application) | <p>May apply within 60 days of the event</p> <p>SEP applies to all family members</p> | First day of month following application receipt |
| <p>Involuntary loss of Minimum Essential Coverage (MEC)</p> <p>Leaving a job for any reason and losing job-based coverage may qualify for a SEP. Event will NOT qualify for a SEP if a person voluntarily drops:</p> <ul style="list-style-type: none"> - a job-based plan without leaving his/her job - individual coverage - unexpired COBRA coverage, or - any plan that doesn't qualify as MEC | <p>Coverage loss is due to:</p> <ul style="list-style-type: none"> - Loss of employer coverage - COBRA benefits exhausted - Losing eligibility for Medicaid/CHIP - No longer eligible as a dependent due to: <ul style="list-style-type: none"> o Aging off a parent's plan o Death of policyholder o Divorce or dissolution of marriage o Policyholder eligible for Medicare | <ul style="list-style-type: none"> - Letter from employer on business letterhead confirming loss of coverage or - Information from previous carrier (recent billing statement, ID card, Certificate of Creditable Coverage if available) confirming loss of coverage (date and individuals) - Copy of death certificate or obituary (to confirm death of policyholder) - Divorce Decree, legal separation agreement, or notarized/legal termination of domestic partnership (to confirm legal status) | <p>May apply up to 30 days in advance or within 60 days of coverage loss</p> | First day of month following application receipt |

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| Move to a new service area | A qualified individual or enrollee gains access to new qualified health plans as a result of a permanent move to another state or service area. | Documentation of old and new address each validated by one of the following: <ul style="list-style-type: none"> - Current utility bill - Signed residential lease - Rental agreement/contract - Mortgage property deed | May apply within 60 days of the event | First of the following month if the application is received within the first 15 days of the month, or the 1 st of the second month following if received after the 15 th of the month. |
| Denied Medicaid/CHIP | Applied for Medicaid/CHIP during the Open Enrollment process and was denied | Documentation showing that the application for Medicaid coverage occurred during the annual Open Enrollment Period and copy of Medicaid decline letter dated within 60 days. | May apply within 60 days of the denial | First of the following month if the application is received within the first 15 days of the month, or the 1 st of the second month following if received after the 15 th of the month. |
| Court order – mandates coverage for a dependent per a valid state or federal court order | <ul style="list-style-type: none"> - Court order requiring insurance - Qualified Medical Child Support Order - SEP applies only to the child/person named in the court order | Copy of court order (dated) | May apply within 60 days of the event | Date on the court order |
| Gains citizenship, national, or lawfully present status | Becomes a U.S. citizen or national or gains lawfully present status | Certificate of U.S. Citizenship Certificate of Naturalization | May apply within 60 days of the event | First of the following month if the application is received within the first 15 days of the month, or the 1 st of the second month following if received after the 15 th of the month. |

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| Grandfathered or Grandmothered renewal | Similar to loss of coverage for off-exchange only in the following states: CO, NV, IN, OH, KY, VA, CT. | Information from previous carrier (such as a recent billing statement, ID card) confirming prior coverage (including dates and individuals) | May apply up to 30 days in advance or within 60 days of coverage loss | First of the following month if the application is received within the first 15 days of the month, or the 1 st of the second month following if received after the 15 th of the month. |

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