



Special Enrollment Period: Valid Documents Chart

PLEASE READ THIS DOCUMENT CAREFULLY: If the documents you provide are not valid, there will be delays in processing your application. It may even be withdrawn.

What is a Special Enrollment Period?

A Special Enrollment Period (SEP) is a time during which an eligible person may enroll in a qualified health plan or change from one plan to another because of a qualifying event such as:

- **Involuntary** loss of minimum essential coverage (for reasons beyond your control)
- 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 December 31)
- Reaching highest age for dependent coverage
- Access to new individual plans due to permanent move or change in service area
- Other events as decided by the Health Insurance Marketplace

Note: If you have already enrolled in coverage using your current qualifying event and you want to make a plan change, you will need to wait for the next Open Enrollment Period or until you experience a new qualifying event.

What is not considered a qualifying event?

The following are **not** qualifying events:

- 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 state or federal benefits or assistance due to failure to provide necessary documents or verification
- Loss of coverage due to failure to pay full premium
- Ending participation in a medical cost-sharing group
- Gaining voluntary guardianship of a dependent (not authorized by a court)

What is required to apply for coverage during a Special Enrollment Period?

A person applying for coverage as the result of a qualifying event **must** provide valid supporting documents showing that a qualifying event occurred within 60 calendar days of the date the application was received which:

- Caused the individual to lose minimum essential coverage (such as aging off a policy or loss of employment), or
- Gain access to new coverage options (such as adding a dependent or moving to a new service area)

How do I know if the documents I have to support my qualifying event are valid?

Documents to support the qualifying event must include the reason for loss of coverage or the reason for gaining access to new coverage options and the last day of coverage or first day of access to new coverage options. Documents to prove minimum essential coverage must include the last day of coverage or current paid to date of the policy.

Additionally, to be considered valid, supporting documents must:

- Be from a legitimate source such as an insurer, employer, policy administrator or government agency. Some examples of valid documents are: 1. On letterhead or stationery, 2. Signed by an officer of a company or agency, 3. Printouts from an official website, or 4. From an official company/agency email account.
- Be dated within 90 calendar days of the qualifying event date provided on the application.

How can I avoid delays in processing my application?

To avoid delays in processing your application, please:

- Include the e-application number (found on your cover letter, if applicable) and primary applicant's full name on every document
- Include **all** pages of the original document
- Do not send pictures or screenshots of documents (documents that are not clear or readable will be rejected)
- Ensure that documents provided show loss of minimum essential coverage including the names of all individuals covered under your previous policy (do not send insurance ID cards as proof of minimum essential coverage)

Refer to the chart below to find examples of documents that are needed to support your qualifying event.

| 1a — 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). | | |
|--|----|--|
| One document from this list: | OR | This document: |
| <ul style="list-style-type: none">• Letter/email from insurer or employer with reason for loss and last day of coverage• COBRA "Notice of Eligibility" letter that shows the date of loss of employer coverage• COBRA "Termination of Coverage" letter that shows the last day of coverage• State benefits continuation or discontinuation notice <p>Note: COBRA documents must be dated within 90 calendar days of the qualifying event date to be considered valid</p> | | <ul style="list-style-type: none">• Letter from applicant stating reason for loss of coverage and the last day of coverage |
| | | AND |
| | | One document from this list: |
| | | <ul style="list-style-type: none">• Letter/email from insurer with last day of coverage• Printout from a benefits administration website with last day of coverage• Certificate of Creditable Coverage with last day of coverage |

| 1b — Someone on the plan turned age 26. | |
|--|--|
| One document from this list: | |
| <ul style="list-style-type: none">• Notification of reaching maximum age or termination of coverage letter/email from insurer with last day of coverage• Letter/email from insurer on letterhead with last day of coverage• Printout from a benefits administration website with last day of coverage• Certificate of Creditable Coverage with last day of coverage | |

1c — The policyholder died.

Note: This qualifying event is available only to individuals who were covered as dependents of the policyholder at the time of death.

One document from this list:

- Letter/email from insurer on letterhead with last day of coverage
- Printout from a benefits administration website with last day of coverage
- Certificate of Creditable Coverage with last day of coverage

1d — 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 employer indicating termination of employment, loss of employer contributions, or reduction in hours and last day of coverage
- COBRA "Notice of Eligibility" letter that shows the last day of employer coverage/COBRA start date
- COBRA "Termination of Coverage" letter that shows the last day of COBRA coverage

Note: COBRA documents must be dated within 90 calendar days of the qualifying event date to be considered valid.

OR

One document from this list:

- Letter from applicant stating reason for loss of coverage and 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
- Certificate of Creditable Coverage with last day of coverage

1e — Someone on the plan was legally separated or divorced.

Note: This qualifying event is available only to individuals who are losing coverage as the result of a legal separation or divorce.

One document from this list:

- Court-issued legal separation document showing loss of coverage (including date of separation, judge's signature or court's stamp, and member's name)
- Court-issued divorce decree showing loss of coverage (including date of separation, judge's signature or court's stamp, and member's name)

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
- Certificate of Creditable Coverage with last day of coverage

1f — 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 last day of coverage

2 — I got married.

One document from this list:

- Marriage certificate
- Notarized affidavit of common law marriage

AND

One document from this list:

- Letter/email from insurer showing at least one day of minimum essential coverage in the 60 days prior to the qualifying event
- Printout from a benefits administration website showing at least one day of minimum essential coverage in the 60 days prior to the qualifying event
- Certificate of Creditable Coverage showing at least one day of minimum essential coverage in the 60 days prior to the qualifying event

3 — 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.

Note: 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 date the application was received.

One document from this list:

- Court-issued legal guardianship documents (including the effective date, judge's signature or court's stamp, and dependent's name)
- Court-issued documents showing responsibility for foster or placement for adoption or requiring health insurance coverage for a dependent (including the effective date, judge's signature or court's stamp, and dependent's name)
- Dependency verification letter from an adoption agency
- Court-issued documents showing evidence of medical guardianship (including the effective date, judge's signature or court's stamp, and dependent's name)

4 — 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.

This document:

- Letter from Health Insurance Marketplace on official letterhead indicating you are eligible to apply for a new plan under a Special Enrollment Period and effective date

5 — 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.

Note: Individuals who are still eligible for an advance premium tax credit (subsidy) cannot apply for a non-Marketplace plan using this qualifying event.

This document:

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

6 — I got new health plan options when I moved.

| One document from this list: | | One document from this list: |
|---|-----|--|
| <ul style="list-style-type: none">• Driver's license or state ID showing new address, issued within 60 days of the qualifying event• Utility bill (gas, electric, water, garbage, etc.) showing new address and start date of new service within 60 days of the qualifying event• Signed lease agreement or mortgage closing documents showing new address and possession date within 60 days of the qualifying event• Vehicle registration showing new address and effective date within 60 days of the qualifying event• USPS "Change of Address" confirmation showing former and current address and effective date within 60 days of the qualifying event | AND | <ul style="list-style-type: none">• Letter/email from insurer on letterhead showing at least one day of minimum essential coverage in the 60 days prior to the qualifying event• Printout from a benefits administration website showing at least one day of minimum essential coverage in the 60 days prior to the qualifying event• Certificate of Creditable Coverage showing at least one day of minimum essential coverage in the 60 days prior to the qualifying event• Passport or visa or U.S. immigration documents showing that you have lived outside the US (or a US territory) no more than 60 calendar days prior to the qualifying event date <p>Note: If passport was not stamped upon entry, please include copies of airline tickets, travel itinerary, or immigration documents to support your entry date.</p> |

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

| One document from this list: | | This document: |
|---|----|--|
| <ul style="list-style-type: none">• Letter/email from insurer with reason for loss of coverage 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 1 renewal date | OR | <ul style="list-style-type: none">• Letter from applicant stating reason for loss of coverage and last day of coverage |
| | | AND |
| | | One document from this list: |
| | | <ul style="list-style-type: none">• Letter/email from insurer with last day of coverage• Printout from a benefits administration website with last day of coverage• Certificate of Creditable Coverage with last day of coverage |

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).

| This document: |
|--|
| <ul style="list-style-type: none">• Notification letter/email from your employer indicating you are eligible to participate in an ICHRA or QSEHRA with the effective date of the arrangement |

9 — Another allowed reason.

If you do not see a qualifying event for your circumstances, please contact our Sales Department for help: 855-594-1515