



# 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 800-477-2000.

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

Qualifying Life Event	Required Documentation At least one document per section is required unless otherwise noted.
<p>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).</p>	<ul style="list-style-type: none"> <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> </ul> <p>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.</p>
<p>I turned 26 and am no longer eligible for coverage on my family's plan.</p>	<ul style="list-style-type: none"> <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> </ul> <p>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.</p>
<p>Someone on the plan was legally separated or divorced.</p>	<ul style="list-style-type: none"> <li>• Court-issued legal separation document or divorce decree (including date of separation, judge's signature, and member's name)</li> </ul> <p>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.</p>
<p>The policyholder died.</p>	<ul style="list-style-type: none"> <li>• Death certificate</li> <li>• Obituary</li> </ul> <p>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.</p>
<p>I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended.</p>	<ul style="list-style-type: none"> <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> </ul> <p>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.</p>

Qualifying Life Event	Required Documentation At least one document per section is required unless otherwise noted.
<p>I moved away from my HMO plan's service area.</p> <p><b>OR</b></p> <p>I moved out of the service area and lost my group HMO coverage, and there were no other options with the group.</p>	<ul style="list-style-type: none"> <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> <p><i>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.</i></p> <p>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.</p>
<p>I have a claim that would meet or go over a lifetime limit on all benefits.</p>	<ul style="list-style-type: none"> <li>• Letter or notice from other insurer on company letterhead</li> </ul> <p>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.</p>
<p>I lost coverage when my plan stopped covering people in my situation.</p>	<ul style="list-style-type: none"> <li>• Letter or notice from other insurer on company letterhead</li> <li>• Printout from benefits administration website showing coverage end date</li> </ul> <p>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.</p>
<p>I got married.</p>	<ul style="list-style-type: none"> <li>• Marriage certificate</li> <li>• Domestic partner affidavit</li> <li>• Civil Union Certificate</li> </ul> <p><i>Note: Documentation must show the marriage occurred within sixty (60) calendar days of the qualifying life event date.</i></p> <p>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.</p>
<p>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.</p>	<ul style="list-style-type: none"> <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>
<p>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.</p>	<ul style="list-style-type: none"> <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>
<p>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.</p>	<ul style="list-style-type: none"> <li>• Letter from Health Insurance Marketplace on official letterhead indicating you are eligible to apply for coverage.</li> </ul> <p><i>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.</i></p> <p>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.</p>

\*Guardianship that is not court ordered (voluntary guardianship) does not qualify for a SEP.

Qualifying Life Event	Required Documentation At least one document per section is required unless otherwise noted.
I got new health plan options when I moved.	<ul style="list-style-type: none"> <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> <p><i>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</i></p> <p>In addition to proof of the qualifying life event, you must provide either of the following:</p> <ul style="list-style-type: none"> <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 style="list-style-type: none"> <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> </ul> <p>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.</p>
An allowed reason I do not see on this list that happened.	<ul style="list-style-type: none"> <li>• Determine needed documentation with an agent or broker</li> </ul>
Beginning or concluding service in: <ul style="list-style-type: none"> <li>• AmeriCorps, State and National</li> <li>• Volunteers in Service to America (VISTA)</li> <li>• National Civilian Community Corps (NCCC) programs.</li> </ul>	<ul style="list-style-type: none"> <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).**	<ul style="list-style-type: none"> <li>• Proof of loss of coverage</li> </ul>
I lost Medicaid pregnancy coverage.	<ul style="list-style-type: none"> <li>• Proof of loss of coverage</li> </ul>
I have recently been released from imprisonment.	<ul style="list-style-type: none"> <li>• Legal documents showing date of release</li> </ul>

\*\* 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.