

# Special Enrollment Period - Valid Documents Chart

**PLEASE READ THIS DOCUMENT CAREFULLY  
PROVIDING INVALID DOCUMENTS WILL RESULT IN DELAYS PROCESSING YOUR APPLICATION AND POSSIBLE  
WITHDRAWAL**

## 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 (QE) such as:

- **Involuntary** loss of Minimum Essential Coverage (MEC) – QE# 1a, 1b, 1c, 1d, 1f, 1g
- Reaching maximum age for dependent coverage – QE# 1b
- Marriage – QE# 2
- Birth, placement for adoption, placement in foster care or gaining a court-ordered dependent – QE# 3
- Access to new individual plans due to permanent move or change in service area – QE# 1e, 1h, 6
- Non-calendar year expiration of coverage (coverage ends on a date other than December 31<sup>st</sup>) – QE# 7
- Other events as decided by the Health Insurance Marketplace – QE# 4, 5, 8

*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 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 (on letterhead, website or from company email) like an insurer, employer, policy administrator or government agency
- 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) and primary applicant's full name on every document
- Include **all** pages of the original supporting document
- Do not send pictures or screenshots of supporting documents (illegible documents will not be processed)
- Do not send insurance ID cards as proof of Minimum Essential Coverage

## What is not considered a valid Qualifying Event?

The following are **not** considered valid Qualifying Events and applications received for these reasons will be withdrawn:

- 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 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)

Refer to the chart below to find examples of documents that are needed to support your Qualifying Event

<b>1a</b>	<b><i>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)</i></b>	
<p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>• Letter/email from insurer or employer with reason for loss and last day of coverage</li> <li>• COBRA "Notice of Eligibility" letter that shows the last day of employer coverage/ COBRA coverage start date</li> <li>• COBRA "Termination of Coverage" letter that shows the last day of COBRA coverage</li> <li>• State benefits continuation or discontinuation notice with last day of coverage</li> </ul> <p><i>Note: COBRA documents must be dated within 90 calendar days of the Qualifying Event date to be considered valid</i></p>	<b>OR</b>	<p><b>This Document:</b></p> <ul style="list-style-type: none"> <li>• Letter from applicant stating reason for loss of coverage and the last day of coverage</li> </ul> <p><b>AND</b></p> <p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>• Letter/email from insurer on letterhead with last day of coverage</li> <li>• Printout from a benefits administration website with last day of coverage</li> <li>• Certificate of Creditable Coverage (COCC) with last day of coverage</li> </ul>

<b>1b</b>	<b><i>Someone on the plan turned age 26</i></b>	
<p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>• Notification of reaching maximum age or termination of coverage letter/email from insurer with last day of coverage</li> <li>• Letter/email from insurer on letterhead with last day of coverage</li> <li>• Printout from a benefits administration website with last day of coverage</li> <li>• Certificate of Creditable Coverage (COCC) with last day of coverage</li> </ul>		

<b>1b</b>	<b><i>Someone on the plan was legally separated or divorced</i></b> Note: This Qualifying Event is only available to individuals who are losing coverage as the result of a legal separation or divorce.	
<p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>• Court-issued legal separation document showing loss of coverage (including date of separation, Judge's signature, and member's name)</li> <li>• Court-issued divorce decree showing loss of coverage (including date of separation, Judge's signature, and member's name)</li> </ul>	<b>OR</b>	<p><b>This Document:</b></p> <ul style="list-style-type: none"> <li>• Letter from applicant stating reason for loss of coverage and the last day of coverage</li> </ul> <p><b>AND</b></p> <p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>• Letter/email from insurer on letterhead with last day of coverage</li> <li>• Printout from a benefits administration website with last day of coverage</li> <li>• Certificate of Creditable Coverage (COCC) with last day of coverage</li> </ul>

<b>1c</b>	<b><i>The policyholder died</i></b> Note: This Qualifying Event is only available to individuals who were covered as dependents of the policyholder at the time of death.	
<p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>• Letter/email from insurer on letterhead with last day of coverage</li> <li>• Printout from a benefits administration website with last day of coverage</li> <li>• Certificate of Creditable Coverage (COCC) with last day of coverage</li> </ul>		

Refer to the chart below to find examples of documents that are needed to support your Qualifying Event

<b>1d</b> <i>I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended</i>	
<p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>Letter/email from employer indicating termination of employment, loss of employer contributions, or reduction in hours and last day of coverage</li> <li>COBRA "Notice of Eligibility" letter that shows the last day of employer coverage/ COBRA start date</li> <li>COBRA "Termination of Coverage" letter that shows the last day of COBRA coverage</li> </ul> <p><i>Note: COBRA documents must be dated within 90 calendar days of the Qualifying Event date to be considered valid</i></p>	<p><b>OR</b></p> <p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>Letter from applicant stating reason for loss of coverage and last day of coverage</li> <li>Pay stubs confirming reduction in hours</li> </ul> <p><b>AND</b></p> <p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>Letter/email from insurer on letterhead with last day of coverage</li> <li>Printout from a benefits administration website with last day of coverage</li> <li>Certificate of Creditable Coverage (COCC) with last day of coverage</li> </ul>

<b>1e</b> <i>I moved away from my HMO plan's service area</i>	
<p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>Driver's license or State ID (with recent issue date), showing new address</li> <li>Utility bill (gas, electric, water, garbage) showing new address and start date of <i>new</i> service</li> <li>Lease agreement or mortgage closing documents showing new address and possession date</li> <li>Vehicle registration showing new address and effective date</li> <li>USPS "Change of Address" confirmation showing former and current address</li> </ul>	<p><b>AND</b></p> <p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>Letter/email from insurer on letterhead showing at least 1 day of Minimum Essential Coverage in the 60 days prior to the Qualifying Event</li> <li>Printout from a benefits administration website showing at least 1 day of Minimum Essential Coverage in the 60 days prior to the Qualifying Event</li> <li>Certificate of Creditable Coverage (COCC) showing at least 1 day of Minimum Essential Coverage in the 60 days prior to the Qualifying Event</li> </ul>

<b>1f</b> <i>I have a claim that would meet or go over a lifetime limit on all benefits</i>	
<p><b>One Document From this List:</b></p> <ul style="list-style-type: none"> <li>Letter/email from insurer with reason for loss of benefits</li> <li>Printout from a benefits administration website showing reason for loss of benefits</li> </ul>	

<b>1g</b> <i>I have lost coverage when my plan stopped covering people in my situation</i>	
<p><b>One Document From this List:</b></p> <ul style="list-style-type: none"> <li>Letter/email from insurer with reason for loss of coverage and last day of coverage</li> <li>Printout from a benefits administration website with last day of coverage</li> </ul>	

Refer to the chart below to find examples of documents that are needed to support your Qualifying Event

<b>1h</b>	<b><i>I moved out of the service area and lost my group HMO coverage, and there were no other options with the group</i></b>	
<p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>• Driver's license or State ID (with recent issue date), showing new address</li> <li>• Utility bill (gas, electric, water, garbage) showing new address and start date of <i>new</i> service</li> <li>• Lease agreement or mortgage closing documents showing new address and possession date</li> <li>• Vehicle registration showing new address and effective date</li> <li>• USPS "Change of Address" confirmation showing former and current address</li> </ul>	<b>AND</b>	<p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>• Letter/email from insurer on letterhead showing at least 1 day of Minimum Essential Coverage in the 60 days prior to the Qualifying Event</li> <li>• Printout from a benefits administration website showing at least 1 day of Minimum Essential Coverage in the 60 days prior to the Qualifying Event</li> <li>• Certificate of Creditable Coverage (COCC) showing at least 1 day of Minimum Essential Coverage in the 60 days prior to the Qualifying Event</li> </ul>

<b>2</b>	<b><i>I got married</i></b>	
<p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>• Marriage certificate (accepted in all states)</li> <li>• Domestic partner affidavit (accepted in Illinois, New Mexico, Oklahoma and Texas)</li> <li>• Civil union certificate (accepted in Illinois)</li> <li>• Notarized affidavit of common law marriage (accepted in Montana, Oklahoma and Texas)</li> </ul>	<b>AND</b>	<p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>• Letter/email from insurer on letterhead showing at least 1 day of Minimum Essential Coverage in the 60 days prior to the Qualifying Event</li> <li>• Printout from a benefits administration website showing at least 1 day of Minimum Essential Coverage in the 60 days prior to the Qualifying Event</li> <li>• Certificate of Creditable Coverage (COCC) showing at least 1 day of Minimum Essential Coverage in the 60 days prior to the Qualifying Event</li> </ul>

<b>3</b>	<b><i>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</i></b>	
	<p>Note: No supporting documents are needed to add a newborn to a policy so long as the child's Date of Birth is within 60 calendar days of the date the application was received.</p>	
<p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>• Legal Guardianship documents</li> <li>• Court documents showing responsibility for foster or placement for adoption or requiring health insurance coverage for a dependent</li> <li>• Dependency Verification letter from an adoption agency</li> <li>• Evidence of Medical Guardianship</li> </ul>		

<b>4</b>	<b><i>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</i></b>	
<p><b>This Document:</b></p> <ul style="list-style-type: none"> <li>• 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</li> </ul>		

Refer to the chart below to find examples of documents that are needed to support your Qualifying Event

<b>5</b>	<p><b><i>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</i></b></p> <p>Note: Individuals who are still eligible for an Advance Premium Tax Credit (subsidy) cannot apply for a non-Marketplace plan using this Qualifying Event</p>
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**This Document:**

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

<b>6</b>	<p><b><i>I got new health plan options when I moved</i></b></p>
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<p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>• Driver's license or State ID (with recent issue date), showing new address</li> <li>• Utility bill (gas, electric, water, garbage) showing new address and start date of <i>new</i> service</li> <li>• Lease agreement or mortgage closing documents showing new address and possession date</li> <li>• Vehicle registration showing new address and effective date</li> <li>• USPS "Change of Address" confirmation showing former and current address</li> </ul>	<b>AND</b>	<p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>• Letter/email from insurer on letterhead showing at least 1 day of Minimum Essential Coverage in the 60 days prior to the Qualifying Event</li> <li>• Printout from a benefits administration website showing at least 1 day of Minimum Essential Coverage in the 60 days prior to the Qualifying Event</li> <li>• Certificate of Creditable Coverage (COCC) showing at least 1 day of Minimum Essential Coverage in the 60 days prior to the Qualifying Event</li> <li>• Passport or Visa showing that you have lived outside the US (or a US territory) no more than 60 calendar days prior to the Qualifying Event date</li> </ul> <p><i>Note: If Passport was not stamped upon entry, please include copies of airline tickets, travel itinerary or immigration documents to support your entry date.</i></p>
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<b>7</b>	<p><b><i>My current policy ends on a date other than December 31</i></b></p>
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<p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>• Letter/email from insurer with reason for loss of coverage and last day of coverage</li> <li>• COBRA "Termination of Coverage" letter that shows the last day of COBRA coverage</li> <li>• State benefits continuation or discontinuation notice with last day of coverage</li> <li>• Copy of policy documents that show a non-January 1<sup>st</sup> renewal date</li> </ul> <p><i>Note: COBRA documents must be dated within 90 calendar days of the Qualifying Event date to be considered valid</i></p>	<b>OR</b>	<p><b>This Document:</b></p> <ul style="list-style-type: none"> <li>• Letter from applicant stating reason for loss of coverage and last day of coverage</li> </ul> <p><b>AND</b></p> <p><b>One Document from This List:</b></p> <ul style="list-style-type: none"> <li>• Letter/email from insurer on letterhead with last day of coverage</li> <li>• Printout from a benefits administration website with last day of coverage</li> <li>• Certificate of Creditable Coverage (COCC) with last day of coverage</li> </ul>
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<b>8</b>	<p><b><i>An allowed reason I do not see on this list that happened</i></b></p>
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If you do not see a Qualifying Event for your circumstances, please contact our Sales Department for assistance:

(866) 514-8044 – Illinois                      (866) 793-8111 – Oklahoma  
(855) 594-1515 – Montana                      (888) 731-0406 – Texas  
(888) 809-1135 – New Mexico