

# ACA Special Enrollment Period

Federal Qualifying Event	Further Conditions	Document(s) Required
Birth of child of the subscriber or enrolled spouse	Would only be eligible for DOB effective date.	No documents would be required – proof by DOB birth certificate may be requested.
Birth of a child	We will allow child-only policies – this doesn't have to be an addition. Would only be eligible for DOB effective date. Parent(s) of child could also qualify for this SEP.	No documents would be required – proof by DOB birth certificate may be requested.
Placement of a child with the subscriber or enrolled spouse for adoption	Would only be eligible for date of adoption/placement as effective date. (We will allow child-only policies – this doesn't have to be an addition.) Adoptee(s) of child could also qualify for this SEP.	Adoption/placement papers
A loss of group coverage due to: <ul style="list-style-type: none"> <li>• Death of the employee</li> <li>• Termination of employee's employment</li> <li>• Employee's reduction in working hours</li> <li>• Divorce or legal separation</li> <li>• Medicare entitlement of employee</li> <li>• Dependent child's loss of dependent status</li> <li>• Chapter 11 bankruptcy of employer/sponsor</li> </ul>	Qualifying event/qualifying event date	Certificate of coverage
Loss of minimum essential coverage (other than for non-payment of premium or fraud/material misrepresentation)	*Coverage must be cancelled within 60 days of receipt. *Verify if cancelled due to non-payment. (If due to non-payment, would not be eligible.) Minimum essential coverage is coverage under: *Government-sponsored program: <ul style="list-style-type: none"> <li>• Medicare Part A</li> <li>• Medicaid</li> <li>• CHIP</li> <li>• TRICARE for Life</li> <li>• VA</li> <li>• Peace Corps</li> </ul>	Certificate of coverage and indication of non-payment

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	<p>*All government-sponsored programs must be involuntarily cancelled. (If other government-sponsored program that is not on this list, needs to be investigated case by case.)</p> <p>*Eligible employer-sponsored plan – a group health plan or group insurance coverage that is:</p> <ul style="list-style-type: none"> <li>*A governmental plan</li> <li>*Any other plan or coverage offered in the state’s large group or small group market, including             <ul style="list-style-type: none"> <li>• Grandfathered</li> <li>• Coverage of former employee on COBRA (federal or state cont.)/ or retiree plan</li> <li>• Coverage “on behalf of” employer, such as multi-employer, single employer collective bargaining agreement, PEO/leasing company</li> </ul> </li> </ul> <p>*Plan in state’s Individual market, including QHP in federal or state exchange – on-exchange or off-exchange</p> <p>*Grandfathered health plan - must call carrier to verify if grandfathered plan</p> <p>*Others recognized by secretaries of HHS and Treasury (e.g., state risk pool – OMIP, HIPUtah, etc.)</p> <p>*Exceptions to the above (i.e., coverage that is NOT minimum essential coverage):</p> <ul style="list-style-type: none"> <li>*Individual short-term limited duration coverage</li> <li>*Excepted benefits under PHS 2971(c)(1), (2), (3), and (4), which in general terms are:             <ul style="list-style-type: none"> <li>*Disability, accident only, liability, workers comp, auto medical, credit-only, on-site clinic</li> <li>*Medicare Supp, TRICARE sup, and</li> </ul> </li> </ul>	
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	<p>similar supps to group coverage if separate policy/certificate/contract of insurance</p> <p>*Limited scope dental or vision if separate policy/certificate/contract of insurance</p> <p>*Specified disease/illness or hospital or other fixed indemnity if separate policy/certificate/contract of insurance</p> <p>*Health FSA that doesn't accept employer contributions</p>	
Gaining or becoming a dependent through marriage		Marriage certification
New eligibility or ineligibility for advance payment of premium tax credit, or change in eligibility for cost-sharing reductions		Letter from HHS or IRS
Gain of access to a new QHP due to permanent move		A copy of a utility bill in the applicant's name from their prior address dated within the last 60 days

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## Washington Only

WA Qualifying Event	Further Conditions	Document(s) Required
A loss of coverage due to a dissolution of marriage or termination of domestic partnership		Certificate of coverage and divorce decree, or signed/dated statement indicating date domestic partnership terminated  QE = divorce/separation date
Exchange terminates person's QHP because of loss of eligibility, non-payment of premiums (and any grace expires), permissible rescission, or QHP termination or decertification		Certificate of coverage from the exchange
Loss for any reason of employer-sponsored insurance coverage due to employer or insurer action, or due to loss of eligibility		Certificate of coverage  Qualifying event/event date
Loss of Individual or group coverage of another person under whose policy formerly were enrolled (unless due to fraud or material misrepresentation)	Example: Sub/spouse has a policy – sub does not pay premiums, causing spouse to lose coverage – spouse qualifies for SEP.	Certificate of coverage  Qualifying event/event date