

## 1. Loss of Minimum Essential Coverage

Enrollment period: Within 60 days BEFORE OR AFTER the qualifying event

Event	Documentation
I and/or my dependent(s) lost minimum essential coverage for reasons other than non-payment or rescission	<ul style="list-style-type: none"><li>▪ Letter from prior insurer or employer with coverage termination date on company letterhead</li><li>▪ Discontinuation notice</li><li>▪ COBRA notice</li><li>▪ State continuation notice</li></ul>
I lost employer contributions toward my healthcare premium	<ul style="list-style-type: none"><li>▪ Letter from employer confirming loss of contributions</li><li>▪ A letter from employer on company letterhead and signed by an officer/owner of the company indicating reduction in hours and loss of coverage along with pay stubs confirming reduction in hours</li></ul>
I have exhausted my COBRA benefits	<ul style="list-style-type: none"><li>▪ Certificate of Creditable Coverage</li><li>▪ COBRA “Termination of Coverage” letter from insurer</li></ul>

## 1. Loss of Minimum Essential Coverage (continued)

Enrollment period: Within 60 days BEFORE OR AFTER the qualifying event

Event	Documentation
<p>REACHING THE MAXIMUM AGE Dependent turns 26 and is no longer covered on parent's plan</p>	<ul style="list-style-type: none"> <li>▪ "Termination of Coverage" letter from existing/prior insurer indicating dependent is not an eligible dependent</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>▪ Proof of prior coverage <b>AND</b> one of the following:                             <ul style="list-style-type: none"> <li>▪ Birth certificate</li> <li>▪ Driver's license</li> <li>▪ State ID</li> <li>▪ Military ID</li> <li>▪ Passport</li> </ul> </li> </ul>
<p>LEGAL SEPARATION Legal separation without losing coverage doesn't qualify</p>	<ul style="list-style-type: none"> <li>▪ Court-issued legal separation document including date of separation, judge's signature and member's name</li> </ul>
<p>DIVORCE Divorce without losing coverage doesn't qualify</p>	<ul style="list-style-type: none"> <li>▪ Court-issued divorce decree including date of divorce, judge's signature and member's name</li> <li>▪ Notarized Domestic Partner Termination form</li> </ul>
<p>DEATH OF THE POLICYHOLDER</p>	<ul style="list-style-type: none"> <li>▪ Death Certificate</li> <li>▪ Obituary</li> </ul>

Source: Blue Cross and Blue Shield of Illinois

## 2. New Dependent Due to Marriage

Enrollment period: Within 60 days AFTER the qualifying event

Event	Documentation*
MARRIAGE	Marriage license or certificate <b>AND</b> Proof of MEC from at least one partner, which includes carrier coverage cancellation and certificate of creditable coverage
DOMESTIC PARTNER	Domestic partner affidavit or certificate <b>AND</b> Proof of MEC from at least one partner, which includes carrier coverage cancellation and certificate of creditable coverage
CIVIL UNION	Civil union license or certificate <b>AND</b> Proof of MEC from at least one partner, which includes carrier coverage cancellation and certificate of creditable coverage

\* Documentation must indicate marriage occurred within 60 calendar days of application. The proof of MEC must show coverage for at least one day in the 60 days prior to the date of marriage.

Source: Blue Cross and Blue Shield of Illinois

## 3. New Dependent

Enrollment period: Within 60 days AFTER the qualifying event

Event	Documentation
BIRTH	Birth certificate Proof of live birth from a hospital
ADOPTION OR PLACEMENT FOR ADOPTION	<ul style="list-style-type: none"> <li>▪ Birth certificate that includes the name of the adopting parent</li> <li>▪ A certificate with the date of adoption</li> <li>▪ Court documents showing placement for adoption</li> <li>▪ A notarized statement by the adoption agency that adoption proceedings have been initiated and that the child has been placed for adoption</li> </ul>
FOSTER CARE	Court document from the authorizing agency showing responsibility for foster care
COURT ORDERED DEPENDENT COVERAGE	Court documents showing court-ordered dependent coverage

Source: Blue Cross and Blue Shield of Illinois

## 4. Enrollment Error or Violation

Enrollment period: Within 60 days AFTER the qualifying event

Event	Documentation
<p>An error occurred in my previous health plan enrollment, or I have adequately demonstrated that my previous health plan or issuer substantially violated a material provision of its contract with me.</p>	<ul style="list-style-type: none"><li>▪ Letter from the Federal Marketplace on letterhead</li><li>▪ Letter from insurer on letterhead</li></ul>

## 5. Changes to APTC Status or Entity Misconduct

Enrollment period: Within 60 days BEFORE OR AFTER the qualifying event

Event	Documentation
The Health Insurance Marketplace has determined that I or my dependents have a change in eligibility for the Advanced Premium Tax Credit (APTC) or in cost-sharing eligibility	Letter from the Federal Marketplace on letterhead

## 6. Permanent Move

Enrollment period: Within 60 days AFTER the qualifying event

Event	Documentation
<p>I gained access to new health plan options because of a permanent move</p>	<p><b>ONE</b> of the following:</p> <ul style="list-style-type: none"><li>▪ Driver's license</li><li>▪ State ID</li><li>▪ Utility bill</li><li>▪ Property tax bill</li><li>▪ Rental, lease or mortgage agreement</li><li>▪ Vehicle registration</li><li>▪ USPS "change of address" receipt or documentation</li></ul> <p><b>AND</b></p> <p>Either proof of at least one day of minimum essential coverage in the past 60 days before the permanent move or has lived outside the US (or a US territory) at the time of the permanent move</p>

## 7. Current Policy Ending

Enrollment period: Within 60 days BEFORE OR AFTER the qualifying event

Event	Documentation
My current policy is ending on a non-calendar year end date (a date other than December 31)	<ul style="list-style-type: none"><li>▪ Discontinuation notice</li><li>▪ State continuation notice</li><li>▪ COBRA notice</li><li>▪ Letter from other insurer on insurer letterhead</li><li>▪ Carrier coverage cancellation notice or certificate of creditable coverage</li><li>▪ Renewal letter from carrier or written verification from producer/agent</li></ul>



## 8. Other

Enrollment period: Within 60 days BEFORE OR AFTER the qualifying event, depending on the event

Event	Documentation
OTHER EXCEPTIONAL CIRCUMSTANCES	Proof of the triggering event and the date of the triggering event
LOST MEDICAID PREGNANCY COVERAGE	<ul style="list-style-type: none"> <li>▪ Recent Medicaid/CHIP denial confirming application was submitted within open enrollment</li> <li>▪ Renewal letter from insurer</li> <li>▪ Written verification from producer</li> </ul>
LOST MEDICAID'S MEDICALLY NEEDY COVERAGE	Proof of loss of coverage
BEGINNING OR CONCLUDING SERVICE IN AMERICORPS PROGRAMS	<ul style="list-style-type: none"> <li>▪ Certificate of Release or Discharge from Active Duty</li> <li>▪ Valid Military ID</li> </ul>

Source: Blue Cross and Blue Shield of Illinois