

Information for Applicants Requesting a Special Enrollment Period



When applying to enroll for coverage during a Special Enrollment Period (SEP), an applicant must be eligible to enroll and provide supporting documentation of a qualifying event. Without this documentation the applicant may not be able to enroll.

Please review the list below which outlines examples of what may be used as supporting documentation. Be sure to send in a copy of the documentation supporting the qualifying event when the completed application is submitted or upload a copy of the documentation when submitting an online application.

For paper applications, please submit legible copies of everything and keep all original documents for your personal records, because no original documentation will be returned. Please write the applicant's name on the top of each page of the supporting documentation.

After reviewing the information provided, we may request additional documentation to confirm eligibility. Please note that loss of health coverage due to fraud, intentional misrepresentation of a material fact or failure to pay a premium do not constitute qualifying events.

If you have further questions about qualifying events or the supporting documentation that is required, please call your agent or customer service at 1-855-383-7247.

Supporting documentation by type of qualifying event

OFF Exchange for all SEP applicants for Anthem Blue Cross plans

Qualifying Event	Description and examples of supporting documentation
<p>Lost or will lose Minimum Essential Coverage: Involuntary loss of Minimum Essential Coverage for any reason other than fraud, intentional misrepresentation of a material fact or failure to pay a premium</p>	<p>Loss of Minimum Essential Coverage due to change in employment status:</p> <ul style="list-style-type: none"> ◦ Letter from employer on business letterhead or information from previous carrier (recent billing statement, ID card) confirming loss of coverage (date and individuals) and reason for loss of Minimum Essential Coverage (i.e., reduction in employment hours, etc.) or ◦ Letter that provides notice of offer of COBRA or state continuation benefits <p>Loss of Minimum Essential Coverage due to loss of dependent eligibility status:</p> <p>Due to death:</p> <ul style="list-style-type: none"> ◦ Letter from employer on business letterhead or information from previous carrier (recent billing statement, ID card) confirming loss of coverage (date and individuals) and ◦ Copy of death certificate or obituary <p>Due to Medicare enrollment:</p> <ul style="list-style-type: none"> ◦ Letter from employer on business letterhead or information from previous carrier (recent billing statement, ID card) confirming loss of coverage (date and individuals) and ◦ Copy of Medicare card or approval letter from Social Security <p>Due to an over-age dependent:</p> <ul style="list-style-type: none"> ◦ Letter from employer on business letterhead or information from previous carrier (recent billing statement, ID card) confirming loss of coverage (date and individuals) <p>Due to legal separation, divorce, dissolution of domestic partnership:</p> <ul style="list-style-type: none"> ◦ Letter from employer on business letterhead or information from previous carrier (recent billing statement, ID card) confirming loss of coverage (date and individuals) and ◦ Divorce decree, legal separation agreement, or notarized/legal termination of domestic partnership <p>Loss of Minimum Essential Coverage due to exhaustion of COBRA or state continuation benefits:</p> <ul style="list-style-type: none"> ◦ Letter that provides notice of termination of COBRA or state continuation benefits

Qualifying Event	Description and examples of supporting documentation
<p>Permanent move to new service area</p>	<ul style="list-style-type: none"> o Documentation of applicant's old address and new address (if not present on employer letter or previous carrier documentation) which may be validated by any of the following: <ul style="list-style-type: none"> — Recent utility bill (electric, water, phone, internet, cable) — Signed residential lease, rental agreement/contract, mortgage or nursing home/assisted living facility residency documentation — A deed showing applicant ownership of property in the new service area — New driver's license with new address in the service area — Receipt of property tax paid — Insurance documents, such as homeowner's, renter's, or life insurance policy or statement — Mail from the Department of Motor Vehicles, such as a driver's license, vehicle registration, or change of address card — State ID — Official school documents, including school enrollment, report cards, or housing documentation — Mail from a government agency to your address, such as a Social Security statement, or a notice from TANF or SNAP agency — Mail from a financial institution, such as a bank statement — U.S. Postal Service change of address confirmation letter — Pay stub showing address — Voter registration card showing name and address — Moving company contract or receipt showing address — Document from the Department of Corrections, jail, or prison indicating recent release or parole, including an order of parole, order of release, or an address certification — If you are homeless or in transitional housing, you may submit a letter or statement from another resident of the same state, stating that they know where you live and can verify your residency. This person must prove their own residency by including one of the documents listed above. — If you are living in the home of another person, like a family member, friend or roommate, a letter/statement from that person stating you are living with them. This person must prove their own residency by including one of the documents listed above. — Letter from a local non-profit social services provider, certified application counselor, navigator or federally qualified health center that can verify your address. If you are homeless, you can provide a letter from a government entity or not-for-profit organization, including shelters, verifying your address. — Consumers living in rural areas may provide a rural route mail delivery address. <p>The supporting documentation needs to include the name of the applicant along with the residential address listed on the application (the new address), and documentation of the previous address, which should include the applicant's name and the residential address before the move.</p> <p>For child only applications, the name of the parent/guardian in the signature section of the application must match the name on the supporting documentation.</p>
<p>Required by a court order to provide an eligible child(ren) coverage, including a child support order, filed an application for appointment of guardianship of a child or appointment of guardianship of a child</p>	<p>Legal documentation of guardianship that indicates the subscriber or the subscriber's spouse is a guardian of the applicant or court order that indicates the subscriber is required to cover the applicant.</p> <p>Contact us if you are applying for a child only policy.</p>
<p>Had a baby, adoption of a child or placement of a child with you for adoption</p>	<p>Birth: Birth certificate or medical records from hospital or pediatrician which indicate the names of the parents, the name of the baby, and date of birth. NOTE: <i>For current Anthem members, a mother's delivery claim may be considered as supporting documentation.</i></p> <p>Adoption/placement for adoption: Adoption certificate or document establishing placement of a child with applicant for adoption.</p>

Qualifying Event	Description and examples of supporting documentation
Got married or in a domestic partnership that becomes eligible for coverage	Certificate of marriage, domestic partnership
Moved to the U.S. from a foreign country or U.S. territory	<ul style="list-style-type: none"> ◦ Documentation of the move (including date of move) which may be validated by a passport, VISA, or plane ticket, and ◦ Documentation of the new address which may be validated by any of the following: <ul style="list-style-type: none"> — Signed residential lease, rental agreement/contract, mortgage — A deed showing applicant ownership of property in the new service area — If you are homeless or in transitional housing, you may submit a letter or statement from another resident of the same state, stating that they know where you live and can verify your residency. This person must prove their own residency by including one of the documents listed above. — If you are living in the home of another person, like a family member, friend or roommate, a letter/statement from that person stating you are living with them. This person must prove their own residency by including one of the documents listed above. — Letter from a local non-profit social services provider, certified application counselor, navigator or federally qualified health center that can verify your address. If you are homeless, you can provide a letter from a government entity or not-for-profit organization, including shelters, verifying your address. ◦ And one additional supporting document of new address which may be validated by one of the following in the applicant's name: <ul style="list-style-type: none"> — Recent utility bill (electric, water, phone, internet, cable) — New driver's license with new address in the service area — Receipt of property tax paid — Insurance documents, such as homeowner's, renter's, or life insurance policy or statement — Mail from the Department of Motor Vehicles, such as a driver's license or vehicle registration — State ID — Official school documents, including school enrollment, report cards, or housing documentation — Mail from a government agency to your address, such as a Social Security statement, or a notice from TANF or SNAP agency — Mail from a financial institution, such as a bank statement — Pay stub showing address or letter/employment contract from employer — Voter registration card showing name and address — Moving company contract or receipt showing address
Release from jail or prison (incarceration)	Papers from local, state or federal department of corrections or prisons showing the applicant's date of legal discharge.
Death of a family member enrolled under current coverage	<ul style="list-style-type: none"> ◦ Letter from employer on business letterhead or information from a previous carrier (recent billing statement, ID card) confirming coverage (date and individuals), and ◦ Copy of death certificate or obituary
Current policy does not renew on a calendar year basis (renews on a date other than January 1st)	Information from previous carrier (recent billing statement, ID card, renewal letter) confirming coverage (date and individuals) and renewal date of coverage.
Health coverage issuer substantially violated material provision of health coverage contract	Letter from the member and supporting documentation from insurance carrier or Exchange.
Loss of services from contracting provider for an acute condition, serious chronic condition, pregnancy, terminal illness, care of newborn between birth and 36 months of age,	Letter from the previous insurance carrier OR provider.

Qualifying Event	Description and examples of supporting documentation
<p>or performance of a surgery or other procedure that has been recommended and documented by the provider and that provider is no longer participating in the health benefit plan.</p>	
<p>Member of the Reserve Forces of the U.S. military returning from active duty or member of the California National Guard returning from active duty</p>	<p>Discharge papers that indicate date of discharge from active duty.</p>
<p>Any other event or circumstance as set forth in the rules established by applicable state or federal law in defining qualifying events.</p>	<p>An official form such as a letter or other supporting documentation from the source (employer, state or federal agency, for example) confirming the qualifying event occurred, the date the event happened, and the names of all applicants affected.</p>