



# Triggering events allowing a special enrollment period

## Loss of minimum essential coverage due to:

- Divorce
- Legal separation
- Termination of domestic partnership or civil union\*
- Change in full-time employment status
- Loss of employer-sponsored insurance
- Voluntary or involuntary termination of employment
- Death of parent or spouse
- Change in dependent status (e.g., dependent turning age 26)
- Discontinuation of a current plan that doesn't meet Health Care Reform requirements

## Gaining or becoming a dependent due to:

- Marriage
- Domestic partnership\*
- Birth of child/children
- Adoption of child/children
- Placement for adoption of child/children
- New appointment of guardianship (applies to both the guardian and the new dependent)

## Other triggering events that allow a special enrollment period:

- Permanent move to a new state
- Existing coverage is being changed to a qualified health plan
- Renewal of a grandfathered or non-grandfathered, non-Metallic individual major medical plan
- Return from active military service
- Release from incarceration
- Gaining eligible immigration status or citizenship

# General submission and effective date rules

For most qualifying life events, customers are able to enroll in a new health insurance plan or change their plan within 60 days following the event. To process their applications, we require certain documents as proof of their qualifying life event (QLE).

- Applications must be submitted by the end of the 60-day special enrollment period that begins the date of the qualifying life event
- The last available effective date will be the date the 60-day special enrollment period ends
  - If the special enrollment period ends on or before the 15th day of the month, then the first day of the following month is the last available effective date
  - If the special enrollment period ends on or after the 16th day of the month, then the first day of the month after the following month is the last available effective date
- The first available effective date will be after the application submission date
  - Following the QLE date, if the application is submitted between the first and 15th of the month, the first available effective date is the first of the month following the application submission date
  - Following the QLE date, if the application is submitted between the 16th and end of the month, the first available effective date is the first of the second month following the application submission date
- The day of the month available for the effective date is limited to the first, unless otherwise specified below

## *For renewals:*

- The first available effective date is as early as 30 days before the renewal of a grandfathered or non-grandfathered, non-Metallic plan
- General submission rules apply

## *For birth, adoption and guardianship:*

- The first available effective date is not limited to the first of the month and is the QLE date
- General submission rules apply

## *For loss of coverage:*

- Can submit the application up to 60 days in advance of the loss of coverage date (QLE date)
- If the application is submitted before the QLE date, the first available effective date is the first of the month following the QLE
- If the application is submitted after the QLE date, general submission rules apply

## *For marriage:*

- The first available effective date is the first of the month following the QLE date
- General submission rules apply

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[See effective date examples on the following page »](#)

# Effective date rules, cont.

## Examples

Qualifying Life Event Date	Application Signed Date <i>Anytime within 60 days following the qualifying life event date</i>	First Available Effective Date <i>After the application signed date</i>	Last Available Effective Date
<b>Application signed the day of the qualifying life event date</b>			
4/30	4/30	6/1	8/1
<b>Application signed after the qualifying life event date</b>			
4/30	5/1-5/15	6/1	8/1
4/30	5/16-5/31	7/1	8/1
4/30	6/1-6/15	7/1	8/1
4/30	6/16-6/29	8/1	8/1

In Nevada, plans are available year-round. Outside open enrollment:

- For customers with a qualifying life event, refer to the rules on page two
- If there is no qualifying life event, the first available effective date is the first of the month following a 90-day waiting period

*Example:*

Application signed: 3/15

End of 90-day wait: 6/15

Effective date: 7/1

# Qualifying life event required documentation

Please send documentation by one of the following methods:

Mail: Assurant Health  
 Attn.: Enrollment Department  
 501 W. Michigan  
 P.O. Box 624  
 Milwaukee, WI 53201

Fax: 414.299.6020

Email: mke.uwtechs@assurant.com

For all qualifying life events, you must complete a Qualifying Life Event attestation, which you will find in the:

- Online application process. The attestation will be submitted automatically with the online application
- Paper application packet. Please submit the application, including the attestation (Form 35020)

Triggering Event	Requirements
Loss of minimum essential coverage due to divorce	Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> <li>• Termination date of prior coverage</li> </ul> Complete the Other Coverage section of the application, including: <ul style="list-style-type: none"> <li>• Carrier for prior coverage</li> <li>• Policy/Certificate number of prior coverage</li> <li>• Type of coverage</li> </ul> Divorce decree or certificate <b>AND</b> Certificate of Creditable Coverage (if available) <b>OR</b> COBRA Continuation Coverage Election Notice from prior carrier
Loss of minimum essential coverage due to legal separation	Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> <li>• Termination date of prior coverage</li> </ul> Complete the Other Coverage section of the application, including: <ul style="list-style-type: none"> <li>• Carrier for prior coverage</li> <li>• Policy/Certificate number of prior coverage</li> <li>• Type of coverage</li> </ul> Copy of agreed order of legal separation <b>OR</b> Certified filed copy of divorce petition <b>OR</b> Affidavit of marital separation status <b>AND</b> Certificate of Creditable Coverage (if available) <b>OR</b> COBRA Continuation Coverage Election Notice from prior carrier

*Chart continued on the next page »*

## Qualifying life event required documentation (cont.)

Triggering Event	Requirements
Loss of minimum essential coverage due to termination of domestic partnership or civil union (in applicable states)	<p>Complete the Qualifying Life Event attestation, including:</p> <ul style="list-style-type: none"> <li>• Termination date of prior coverage</li> </ul> <p>Complete the Other Coverage section of the application, including:</p> <ul style="list-style-type: none"> <li>• Carrier for prior coverage</li> <li>• Policy/Certificate number of prior coverage</li> <li>• Type of coverage</li> </ul> <p>Notice of termination of domestic partnership/civil union <b>OR</b>            Termination of domestic partnership certificate <b>OR</b>            Affidavit of termination of domestic partnership/civil union <b>AND</b>            Certificate of Creditable Coverage (if available) <b>OR</b>            COBRA Continuation Coverage Election Notice from prior carrier</p>
Loss of minimum essential coverage due to change in full-time employment status	<p>Complete the Qualifying Life Event attestation, including:</p> <ul style="list-style-type: none"> <li>• Termination date of prior coverage</li> </ul> <p>Complete the Other Coverage section of the application, including:</p> <ul style="list-style-type: none"> <li>• Carrier for prior coverage</li> <li>• Policy/Certificate number of prior coverage</li> <li>• Type of coverage</li> </ul> <p>Written documentation from employer on company letterhead indicating change in full-time employment status and date of change <b>AND</b> Certificate of Creditable Coverage (if available) <b>OR</b>            COBRA Continuation Coverage Election Notice from prior carrier</p>
Loss of minimum essential coverage due to loss of employer-sponsored insurance	<p>Complete the Qualifying Life Event attestation, including:</p> <ul style="list-style-type: none"> <li>• Termination date of prior coverage</li> </ul> <p>Complete the Other Coverage section of the application, including:</p> <ul style="list-style-type: none"> <li>• Carrier for prior coverage</li> <li>• Policy/Certificate number of prior coverage</li> <li>• Type of coverage</li> </ul> <p>Written documentation from employer on company letterhead indicating employer no longer providing insurance and date of change <b>AND</b> Certificate of Creditable Coverage (if available)</p>
Loss of minimum essential coverage due to voluntary or involuntary termination of employment	<p>Complete the Qualifying Life Event attestation, including:</p> <ul style="list-style-type: none"> <li>• Termination date of prior coverage</li> </ul> <p>Complete the Other Coverage section of the application, including:</p> <ul style="list-style-type: none"> <li>• Carrier for prior coverage</li> <li>• Policy/Certificate number of prior coverage</li> <li>• Type of coverage</li> </ul> <p>Written documentation from employer on company letterhead indicating termination date of employment <b>AND</b> Certificate of Creditable Coverage (if available) <b>OR</b> COBRA Continuation Coverage Election Notice from prior carrier</p>

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## Qualifying life event required documentation (cont.)

Triggering Event	Requirements
Loss of minimum essential coverage due to death of parent or spouse	<p>Complete the Qualifying Life Event attestation, including:</p> <ul style="list-style-type: none"> <li>• Termination date of prior coverage</li> </ul> <p>Complete the Other Coverage section of the application, including:</p> <ul style="list-style-type: none"> <li>• Carrier for prior coverage</li> <li>• Policy/Certificate number of prior coverage</li> <li>• Type of coverage</li> </ul> <p>Copy of death certificate <b>AND</b> Certificate of Creditable Coverage (if available) <b>OR</b> COBRA Continuation Coverage Election Notice from prior carrier</p>
Loss of minimum essential coverage due to change in dependent status (e.g., dependent child turning age 26)	<p>Complete the Qualifying Life Event attestation, including:</p> <ul style="list-style-type: none"> <li>• Termination date of prior coverage</li> </ul> <p>Complete the Other Coverage section of the application, including:</p> <ul style="list-style-type: none"> <li>• Carrier for prior coverage</li> <li>• Policy/Certificate number of prior coverage</li> <li>• Type of coverage</li> </ul> <p>Date of birth and documentation showing termination date <b>AND</b> Certificate of Creditable Coverage (if available) <b>OR</b> COBRA Continuation Coverage Election Notice from prior carrier</p>
Loss of minimum essential coverage due to discontinuation of a current plan that does not meet Health Care Reform requirements	<p>Complete the Qualifying Life Event attestation, including:</p> <ul style="list-style-type: none"> <li>• Termination date of prior coverage</li> </ul> <p>Complete the Other Coverage section of the application, including:</p> <ul style="list-style-type: none"> <li>• Carrier for prior coverage</li> <li>• Policy/Certificate number of prior coverage</li> <li>• Type of coverage</li> </ul> <p>Copy of letter from your current health plan (or current insurance company) indicating your existing coverage is being discontinued and does not meet Health Care Reform requirements <b>AND</b> Certificate of Creditable Coverage (if available) <b>OR</b> COBRA Continuation Coverage Election Notice from prior carrier</p>
Gaining or becoming a dependent due to marriage	<p>Complete the Qualifying Life Event attestation, including:</p> <ul style="list-style-type: none"> <li>• Date of marriage</li> </ul> <p>Copy of signed marriage license <b>OR</b> copy of marriage certificate</p>
Gaining or becoming a dependent due to domestic partnership (in applicable states)	<p>Complete the Qualifying Life Event attestation, including:</p> <ul style="list-style-type: none"> <li>• Date of civil union or domestic partnership decree</li> </ul> <p>Copy of domestic partnership certificate <b>OR</b> Affidavit of domestic partnership</p>
Gaining or becoming a dependent due to birth of child/children	<p>Complete the Qualifying Life Event attestation, including:</p> <ul style="list-style-type: none"> <li>• Date of birth</li> </ul> <p>Copy of the birth certificate <b>OR</b> copy of birth verification letter <b>OR</b> copy of footprint certificate from the hospital</p>
Gaining or becoming a dependent due to adoption of child/children	<p>Complete the Qualifying Life Event attestation, including:</p> <ul style="list-style-type: none"> <li>• Date of adoption</li> </ul> <p>Copy of court order granting adoption <b>OR</b> adoption certificate</p>

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## Qualifying life event required documentation (cont.)

Triggering Event	Requirements
Gaining or becoming a dependent due to placement for adoption of child/children	Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> <li>• Date of placement for adoption</li> </ul> Letter of placement for adoption <b>OR</b> copy of adoption placement agreement
Gaining or becoming a dependent due to new appointment of guardianship (event applies to both the guardian and the new dependent)	Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> <li>• Date of guardianship order or placement</li> </ul> Copy of decree and order of appointment of guardianship of a minor <b>OR</b> letter of authority or guardianship from a judge
Permanent move to a new state	Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> <li>• Date of move</li> </ul> Copy of rental agreement or mortgage statement from current and former addresses <b>OR</b> Copy of utility bill from current and former addresses (gas, electric, cable, phone, sewer, water)
Existing coverage is being changed to a qualified health plan	Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> <li>• Date existing coverage is changing to a qualified health plan</li> </ul> Complete the Other Coverage section of the application, including: <ul style="list-style-type: none"> <li>• Carrier for prior coverage</li> <li>• Policy/Certificate number of prior coverage</li> <li>• Type of coverage</li> </ul> Copy of letter from your current health plan (or current insurance company) indicating your existing coverage is being changed to a qualified health plan
Renewal of a grandfathered or non-grandfathered, non-Metallic individual major medical plan	Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> <li>• Renewal date of prior coverage</li> </ul> Complete the Other Coverage section of the application, including: <ul style="list-style-type: none"> <li>• Carrier for prior coverage</li> <li>• Policy/Certificate number of prior coverage</li> <li>• Type of coverage</li> </ul> Letter from existing carrier indicating renewal and the date of the renewal
Return from active military service	Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> <li>• Date of discharge</li> </ul> Copy of discharge papers <b>OR</b> copy of change of orders
Release from incarceration	Complete the Qualifying Life Event attestation, including <ul style="list-style-type: none"> <li>• Date of release from incarceration</li> </ul> Copy of discharge/release papers
Gaining eligible immigration status or citizenship	Complete the Qualifying Life Event attestation, including <ul style="list-style-type: none"> <li>• Date of change in status</li> </ul> Copy of document showing proof of immigrant status or change in status

If your specific life event is not listed, we will contact you for the required documentation.

**Assurant Health reserves the right to require additional documentation to validate eligibility.**

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