



Horizon Blue Cross Blue Shield of New Jersey

Required Documentation for Special Enrollment Period

A Special Enrollment Period (SEP) is a 60-day period during which an eligible individual may enroll in an individual plan or change from one plan to another as a result of one of the following triggering events:

1. Loss of minimum essential coverage.
2. Gaining or becoming a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care.
3. Access to new individual plan due to permanent move.
4. The Marketplace determines:
 - a) you are eligible for a subsidy change, or
 - b) there was an unintentional enrollment error, or
 - c) a carrier violated a material provision of its contract in relation to you.

A person enrolling as the result of a triggering event **must** provide:

- 1) Proof that the triggering event occurred; and
- 2) Proof of the date the event occurred.

1. Loss of minimum essential coverage (individual, group, Medicare Part A, Medicaid, CHIP, TRICARE and certain Veterans coverage)

Event	Documentation
Loss of minimum essential coverage	<ul style="list-style-type: none"> • Proof that the triggering event occurred (see suggested documentation below. Alternative documentation may be submitted); and • Proof showing the date the event occurred; and • Proof that coverage was terminated.
Legal separation	Legal documentation
Divorce	Divorce decree
Child loses dependent status which includes <ul style="list-style-type: none"> • A dependent child attaining age 26, 	Proof of loss of dependent status (e.g. letter from carrier with termination notification; birth certificate)

<p>and</p> <ul style="list-style-type: none"> • A dependent child's group coverage under their parent's plan ends as a result of the child attaining age 31 	
Death of an employee or policyholder	Death certificate
Termination of employment	<ul style="list-style-type: none"> • Letter from employer on employer letterhead explaining why coverage was terminated. • If above cannot be provided, submit official documentation from unemployment along with reason for termination.
Reduction in the number of hours of employment	<ul style="list-style-type: none"> • Letter from employer on employer letterhead explaining why coverage was terminated. • If above cannot be provided, submit official documentation from unemployment along with reason for termination.
Loss of HMO coverage in the individual market because you no longer reside in the service area.	Proof that you no longer reside in the service area (e.g. letter from carrier stating that you moved outside of their service area and were terminated)
Loss of HMO coverage in the group market because you no longer reside, live, or work in the service area, and no other benefit package is available to you,	<ul style="list-style-type: none"> • Proof that you no longer reside in the service area and • Letter from employer on employer letterhead stating that no other benefit package is available to you.
You incurred a claim that met or exceeded a lifetime limit on all benefits	EOB or letter from the carrier
Your employer stops offering coverage to employees who are in a similarly situated job classification	Letter from employer on employer letterhead
Your policy was non-renewed on our anniversary date in 2014	Non-renewal letter from carrier
You chose not to keep the Horizon plan we automatically moved you into on your coverage anniversary date in 2014	None, Horizon will validate using its records
The plan you were covered by through the Marketplace lost its certification	Letter from the carrier or Marketplace

Your employer stopped contributing towards your or your dependent's coverage	Letter from employer on employer's letterhead
Exhaustion of COBRA continuation coverage	Proof that the full COBRA coverage expired

Note: a loss of coverage due to non-payment of premium, fraud or misrepresentation shall not be a triggering event unless it was committed by the employer.

2. Gaining or becoming a dependent through Marriage, Birth, Adoption, Placement for Adoption or Placement in Foster Care

Event	Documentation
Gaining or becoming a dependent through marriage, birth, adoption, placement for adoption or placement in foster care	<ul style="list-style-type: none"> • Proof that the triggering event occurred; and • Proof showing the date the event occurred.
Marriage (includes same sex spouses)	Copy of marriage license
Common law marriage (from another state)	<ul style="list-style-type: none"> • A joint notarized statement indicating that the common-law marriage exists; • The name of the state in which the common-law marriage was recognized; • The date the couple met the state's definition of common law marriage; and • Supporting documentation that shows that the couple are common law partners (i.e., proof of joint bank account, joint deed, mortgage, lease, joint tax return, etc.)
Civil union partner (same gender only)	Copy of the civil union license/certificate
Domestic partner (same gender only)	Copy of certificate of domestic partnership
Birth	Birth certificate
Child placed for adoption/legally adopted	<ul style="list-style-type: none"> • A copy of the adopted child's birth certificate in in the name of the adopting parent(s) together with a certificate by the parent(s) of the date of adoption; • A notarized statement by a state approved and accredited adoption agency stating that adoption proceedings have been initiated in a court of competent jurisdiction and that the named child has been formally placed for adoption with the prospective parent(s) (who are also named on the statement); or • A notarized legal document from the attorney representing the policyholder, which clearly defines the parties involved and the terms of the custody appointment. The document

	should include a statement indicating that the policyholder is responsible for the medical care of the child.
Child placed in foster care	Documentation from an authorized governmental body or delegating agency naming the policyholder as the foster parent.

3. Access to New Individual Plans Due to a Permanent Move to New Jersey

Event	Documentation
Access to New Individual Plans Due to a Permanent Move to New Jersey	<ul style="list-style-type: none"> • Date of the move from another state or country; and • Proof of residence in another state or country; and • Proof of residence in New Jersey. <p>Proof of residence includes one of the following: Driver’s license, a car registration, an automobile insurance policy, a deed, an income tax return, a utility bill, a lease, and a homeowner’s/renter’s insurance policy.</p> <p>Note: If proof of NJ residency cannot be provided then a statement indicating intent to permanently reside in NJ must be provided.</p>

4. Marketplace Determination

Event	Documentation
Market Determination	Documentation from the Marketplace.
Subsidy change	
Enrollment Error	
Violation of Contract Provision	

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Horizon Blue Cross Blue Shield of New Jersey

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Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Horizon BCBSNJ does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Information written in other languages

If you need these services, contact Horizon BCBSNJ's Director of Regulatory Compliance at the phone number, fax or email listed below.

If you believe that Horizon BCBSNJ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Horizon BCBSNJ – Director, Regulatory Compliance
Three Penn Plaza East, PP-16C
Newark, NJ 07105
Phone: 1-800-658-6781
Fax: 1-973-466-7759
Email: ComplianceAndEthicsOffice@HorizonBlue.com

You can file a grievance in person, or by mail, fax or email. If you need help filing a grievance, Horizon BCBSNJ's Director of Regulatory Compliance is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

Office for Civil Rights Headquarters
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 or 1-800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



Horizon Blue Cross Blue Shield of New Jersey

If you need help understanding this Horizon Blue Cross Blue Shield of New Jersey information, you have the right to get help in your language at no cost to you. To talk to an interpreter, please call **1-800-355-BLUE (2583)** during normal business hours.

Spanish (Español): Si necesita ayuda para comprender esta información de Horizon Blue Cross Blue Shield of New Jersey, usted tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, sírvase llamar al **1-855-477-AZUL (2985)** durante el horario normal de trabajo.

Chinese (中文): 如果您需要幫助來理解這份新澤西州地平線藍十字藍盾 (Horizon Blue Cross Blue Shield of New Jersey) 資料, 您有權免費獲得以您的語言提供的協助。欲聯絡翻譯人員, 請於上班時間致電 **1-800-355-BLUE (2583)**。

Korean (한국어): 가입자는 Horizon Blue Cross Blue Shield of New Jersey에 관한 정보를 이해하기 위해 주로 사용하는 언어로 무료로 도움을 받을 권리가 있습니다. 통역사의 도움을 받으려면 정상 업무 시간 동안에 **1-800-355-BLUE (2583)**로 전화해 주십시오.

Portuguese (Português): Se precisar de ajuda para entender estas informações da Horizon Blue Cross Blue Shield of New Jersey, você tem o direito de receber gratuitamente assistência no seu idioma. Para falar com um intérprete, ligue para: **1-800-355-BLUE (2583)** no horário normal de trabalho.

Gujarati (ગુજરાતી): જો તમને આ ન્યુ જર્સી માહિતીનાં હોરાઈઝન્સ બ્લૂ ક્રોસ બ્લૂ શીલ્ડને સમજવા મદદની જરૂર હોય તો, તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વગર મદદ મેળવવાનો અધિકાર છે. કોઈ દુભાષિયા સાથે વાત કરવા, કૃપા કરીને સામાન્ય બિઝનેસ ક્લાકો દરમિયાન **1-800-355-BLUE (2583)** પર ફોન કરો .

Polish (Polski): Jeżeli potrzebujesz pomocy, aby zrozumieć informacje planu Horizon Blue Cross Blue Shield of New Jersey, masz prawo poprosić o bezpłatną pomoc w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer **1-800-355-BLUE (2583)** podczas normalnych godzin pracy.

Italian (Italiano): Se vi serve aiuto per capire queste informazioni della Horizon Blue Cross Blue Shield of New Jersey, avete diritto ad assistenza gratis nella vostra lingua. Per parlare con un interprete, siete pregati di telefonare al numero **1-800-355-BLUE (2583)** durante le normali ore d'ufficio.

Tagalog (Tagalog): Kung kailangan mo ng tulong sa pag-unawa nitong impormasyon ng Horizon Blue Cross Blue Shield of New Jersey, may karapatan kang humingi ng tulong sa iyong wika nang walang gastos sa iyo. Upang makipag-usap sa isang taga-interpret, mangyaring tumawag sa **1-800-355-BLUE (2583)** sa loob ng karaniwang mga oras ng negosyo.

Russian (Русский язык): Если вам необходима помощь в разъяснении этой информации, предоставленной компанией Horizon Blue Cross Blue Shield of New Jersey, у вас есть право на получение помощи на вашем родном языке бесплатно. Для связи с переводчиком звоните по номеру телефона **1-800-355-BLUE (2583)** в обычные рабочие часы.

Haitian Creole (Kreyòl ayisyen): Si ou bezwen èd pou konprann enfòmasyon sou Horizon Blue Cross Blue Shield of New Jersey, ou gen dwa pou jwenn èd nan lang natifnatal ou gratis. Pou pale avèk yon entèprèt, tanpri rele nimewo **1-800-355-BLUE (2583)** pandan lè nòmal biznis.

Hindi (हिंदी): यदि आपको न्यू जर्सी की इस होराइजन ब्लू क्रॉस ब्लू शील्ड सूचना को समझने में सहायता की ज़रूरत है, तो आपके पास मुफ्त में अपनी भाषा में सहायता पाने का अधिकार है। किसी दुभाषिए से बात करने के लिए, कृपया सामान्य कार्य समय के दौरान **1-800-355-BLUE (2583)** पर कॉल करें।

Vietnamese (Tiếng Việt): Nếu cần được giúp đỡ để hiểu rõ thông tin này của Horizon Blue Cross Blue Shield of New Jersey, quý vị có quyền được giúp đỡ bằng ngôn ngữ của mình miễn phí. Xin gọi số **1-800-355-BLUE (2583)** trong giờ làm việc để nói chuyện với người thông dịch.

French (Français): Si vous avez besoin d'assistance pour comprendre ces informations au sujet de Horizon Blue Cross Blue Shield of New Jersey, vous avez le droit d'obtenir de l'aide dans votre langue, sans aucun frais. Pour parler avec un interprète, veuillez appeler le **1-800-355-BLUE (2583)** pendant les heures normales de bureau.

Navajo (Diné): Díí New Jersey bił hahoodzo Horizon Blue Cross Blue Shield, t'áá ninizaad k'ehjí baa hane'íí bik'i diitjìh bee shiká' a' doowoł nínízingo éí bee ná'ahoot'i' dóo doo bááh ílíní da. Ata' halne'é ła' bich'i' hadeesdzih nínízingo t'áá shóqdí **1-800-355-BLUE (2583)** jį' nida'anishgo oolkiłí bik'ehgo hodíłnih.

Arabic (عربي): إذا كنت بحاجة إلى المساعدة في فهم معلومات Horizon Blue Cross Blue Shield of New Jersey لديك الحق في الحصول على المساعدة بلغتك دون تحملك أية تكلفة. للتكلم مع مترجم، يرجى الاتصال خلال ساعات العمل العادية بالرقم **1-800-355-BLUE (2583)**.

Urdu (اردو): اگر آپ کو نیوجرسی انفارمیشن کے اس آسمانی نیلے رنگ والے تیز نیلے رنگ والے شیلڈ کو سمجھنے میں مدد کی ضرورت ہے تو، آپ کو اپنی زبان میں بغیر کسی خرچ کے مدد حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، براہ کرم، معمول کے کاروباری اوقات میں **1-800-355-BLUE (2583)** پر کال کریں۔