

Special Enrollment Period and Documentation for Health Plans Purchased Off the Health Insurance Marketplace

Individuals requesting enrollment during a Special Enrollment Period (SEP) must provide the following:

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

Multiple documents are required for some events. We will accept alternative documentation if it confirms the triggering event and the date it occurred.

1. Loss of minimum essential coverage: individual, group or government-sponsored plan

Triggering event	And the reason is...	Then acceptable documentation includes...
You lost coverage due to a life event. Apply 60 days before or 60 days after the event.	Legal separation	<ul style="list-style-type: none"> • Legal documentation of the separation
	Divorce	<ul style="list-style-type: none"> • Divorce or annulment papers with date of ending responsibility for providing health coverage
	Death of an employee or policyholder	<ul style="list-style-type: none"> • Death certificate or • Public notice of death with the date of death
You lost group coverage. Apply 60 days before or 60 days after the event.	Termination of employment	<ul style="list-style-type: none"> • Letter from employer on employer's letterhead stating coverage ended or will end due to termination of employment; or • Official documentation from the unemployment agency along with reason for termination
	Reduction in work hours	<ul style="list-style-type: none"> • Letter from employer on employer's letterhead stating coverage ended or will end due to a reduction in work hours
	Employer stopped contributing towards the cost of coverage	<ul style="list-style-type: none"> • Letter from employer on employer's letterhead stating employer stopped contributing towards premium
	Exhaustion of COBRA continuation coverage	<ul style="list-style-type: none"> • Letter(s) from employer, benefits administrator or insurance company on their letterhead showing COBRA offering and when COBRA coverage ended or will end after the full period of continuation
	Your employer didn't pay the premium	<ul style="list-style-type: none"> • Letter from insurance company or employer on employer's letterhead stating employer did not pay premium

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Triggering event	And the reason is...	Then acceptable documentation includes...
<p>You lost group coverage (continued)</p>	<p>Employer stopped offering coverage to employees who are in a similar job classification</p>	<ul style="list-style-type: none"> • Letter from employer on employer's letterhead stating reason coverage ended or will end
	<p>Your insurance company did not renew your plan</p>	<ul style="list-style-type: none"> • Letter from insurance company stating the plan is not being renewed
	<p>You chose not to renew your plan at the end of its plan year</p>	<ul style="list-style-type: none"> • Letter from employer on employer's letterhead stating you: <ul style="list-style-type: none"> ➢ Declined group coverage during the upcoming plan year; and ➢ Had a group plan in the previous year; or • Document(s) that show: <ul style="list-style-type: none"> ➢ You declined group coverage during the upcoming plan year; and ➢ If coverage was not with Horizon BCBSNJ, proof such as Form 1095 A, B or C, ID card, Explanation of Benefits or Certificate of Creditable Coverage that you had a group plan during the prior 12 months
	<p>You no longer reside, live, or work in the HMO or EPO service area, and no other group plan is available to you</p>	<ul style="list-style-type: none"> • Letter from employer on employer's letterhead stating you no longer reside, live or work in service area and no other plan is offered
<p>You lost individual coverage (but not for nonpayment of premium).</p> <p>Apply 60 days before or 60 days after the event.</p>	<p>Your insurance company did not renew your plan on your plan's anniversary date</p>	<ul style="list-style-type: none"> • Letter from insurance company stating your plan will not be renewed
	<p>You are no longer eligible for a student plan provided through an institution of higher learning by a health insurance company</p>	<ul style="list-style-type: none"> • Letter/document (including a Proof of Health Insurance Form) from school or insurance company showing date coverage began and ended or will end; and • Letter or document confirming graduation (or copy of diploma), withdrawal or leave of absence

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Triggering event	And the reason is...	Then acceptable documentation includes...
You lost individual coverage (but not for nonpayment of premium) (continued)	The Health Insurance Marketplace (Marketplace) terminated your plan due to inconsistencies with U.S. citizenship or immigration status	<ul style="list-style-type: none"> Letter from the Marketplace stating coverage terminated or will terminate due to inconsistencies with U.S. citizenship or immigration
	You no longer reside in the HMO or EPO service area	<ul style="list-style-type: none"> Letter from insurance company or HMO stating that you moved outside their service area
	You are no longer eligible for: <ul style="list-style-type: none"> Medicare Part A Medicaid The Children’s Health Insurance plan (CHIP) TRICARE Certain veterans programs Peace Corp 	<ul style="list-style-type: none"> Letter from a government agency stating when coverage ended or will end

2. Dependent attained age 26 or 31 years

Triggering event	And the reason is...	Then acceptable documentation includes...
You lost coverage. Apply 60 days before or 60 days after the event.	You are no longer eligible because you reached the age limit	<ul style="list-style-type: none"> Letter from insurance company stating date coverage terminated or will terminate due to age. If letter does not specify you reached the age limit, you must also provide a copy of your birth certificate or driver’s license

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3. Marriage/birth/adoption/foster care

Triggering event	And the reason is.....	Then acceptable documentation includes...
<p>You gained or became a dependent. Apply 60 days after the event.</p>	<p>Marriage (includes same sex spouses)</p>	<ul style="list-style-type: none"> • Copy of marriage license or certificate showing the date of your marriage; or • Official public record of the marriage, including a foreign record of marriage; or • Affidavit or statement signed by a person who officiated the marriage or was an official witness to the marriage; or • Religious document recognizing marriage
	<p>Civil union partners (same gender only)</p>	<ul style="list-style-type: none"> • Copy of civil union license/certificate
	<p>Domestic partners (same gender only)</p>	<ul style="list-style-type: none"> • Copy of domestic partnership certificate
	<p>Common law marriage (from another state)</p>	<ul style="list-style-type: none"> • Joint notarized statement containing date the marriage was recognized and state which recognized it; and • Proof of joint ownership of a bank account, deed, mortgage, lease or tax return
	<p>Birth</p>	<ul style="list-style-type: none"> • Birth certificate, application for birth certificate; or • Letter or medical record from clinic, hospital, physician, midwife, institution or other medical provider showing the date of birth; or • Military, religious or a foreign birth record showing the child's date and place of birth; or • Letter or other document from insurance company, like an Explanation of Benefits, showing dates of service related to birth for either the child or the mother

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Triggering event	And the reason is.....	Then acceptable documentation includes...
<p>You gained or became a dependent (continued)</p>	<p>Child placed for adoption/legally adopted</p>	<ul style="list-style-type: none"> • Copy of adopted child’s birth certificate in the name of the adopting parent(s) and a certificate by the parent(s) of the date of adoption; or • 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; or • Notarized legal document from attorney clearly defining parties involved and the terms of the custody appointment and a statement that the policyholder is responsible for the child’s medical care; or • Adoption letter or record dated and signed by a court official showing date of adoption; or • U.S. Department of Homeland Security immigration document for foreign adoptions; or • Government-issued or legal document showing date child was placed in the home or date legal guardianship was established
	<p>Child placed in foster care</p>	<ul style="list-style-type: none"> • Documentation from authorized governmental body or delegating agency naming the policyholder as foster parent; or • Foster care papers dated and signed by a court official

4. Child support order or other court order

Triggering event	And the reason is.....	Then acceptable documentation includes...
<p>You gained or became a dependent. Apply 60 days after the event.</p>	<p>Court order requires coverage of eligible dependent(s)</p>	<ul style="list-style-type: none"> • Court order showing the effective date of the order and the names of the persons impacted

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5. Access to new plan due to permanent move

Triggering event	And the reason is.....	Then acceptable documentation includes...
<p>You gained access to new plans due to a permanent move.</p> <p>Apply 60 days after the event.</p>	<p>You moved your primary residence to New Jersey</p>	<p>You must submit all of the following:</p> <ul style="list-style-type: none"> • Proof of primary residence for both locations: <ul style="list-style-type: none"> ➢ Where you lived before the move, ➢ Where you live in New Jersey, and • Document showing date of move, and • Proof you had an individual, group or government-sponsored plan in any of the 60 days before your move. This does not apply if you are moving from a foreign country or a U.S. Territory. <p>Proof of primary residence:</p> <ul style="list-style-type: none"> • Lease or rental agreement; • Insurance documents, like automobile, homeowner's, renter's, or life insurance policy; • Mail from the Department of Motor Vehicles, such as a driver's license, vehicle registration or change of address card; • Income tax return; • State ID; • Official school documents, including school enrollment, ID cards, report cards or housing documentation; • Telephone, internet, cable or other utility bill or other confirmation of service such as service installation request work; • Mail from a government agency, such as a Social Security statement, or from a financial institution, such as a bank statement;

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Triggering event	And the reason is.....	Then acceptable documentation includes...
<p>You gained access to new plans due to a permanent move (continued)</p>		<ul style="list-style-type: none"> • U.S. Postal Service change of address confirmation letter; • Pay stub showing your address; • Letter from current or future employer showing you relocated for work; • Voter registration card with your name and address; • Moving company contract or receipt showing your address; • If you are living in the home of another person, send a letter from that person stating that you live with them and aren't just temporarily visiting. This person must prove their own residency by including one of the documents listed above; • Naturalization papers signed and dated within the last 60 days or Green Card, education certificate or Visa <p>Proof of individual, group or a governmental plan:</p> <ul style="list-style-type: none"> • ID card; • Explanation of Benefits; • Certificate of Creditable Coverage; • Letter from insurance company, employer or governmental agency; • Form 1095 A, B or C; • Premium billing statement; • Cancelled premium payment check; • Employee pay stub showing health care deductions

6. The Health Insurance Marketplace (Marketplace) changed subsidy determination

Triggering event	And the reason is.....	Then acceptable documentation includes...
<p>You received a Marketplace determination. Apply 60 days after the event.</p>	<p>Loss of subsidy</p>	<ul style="list-style-type: none"> • Letter from the Marketplace giving you the right to a Special Enrollment Period

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