

Special Enrollment Guidelines for Qualifying Events – On Exchange*

Event	Triggering Event Date	Required Documentation
Loss of coverage	Date eligibility for existing minimum essential coverage is lost	<p>One of the following:</p> <p>A letter or premium bill from your former insurance company that shows you or your dependent's cancellation/termination from health coverage and the date that coverage will no longer be offered.</p> <p>A letter from an employer, on official letterhead that confirms one of these about you or your spouse or dependent family member:</p> <ul style="list-style-type: none"> ◦That your employer dropped or will drop your coverage or benefits. ◦That your employer stopped or will stop contributing to your cost of coverage. ◦That your employer changed or will change coverage or benefits, and your coverage will no longer be considered qualifying health coverage. <p>A letter about COBRA coverage, like a letter from an employer or health insurance company that confirms these:</p> <ul style="list-style-type: none"> ◦Your employer's offer of COBRA coverage along with the date this coverage would start. ◦Your COBRA coverage ended or will end, or your employer stopped or will stop contributing to the cost of coverage and when. <p>A health care program document, on official letterhead or stationery, including:</p> <ul style="list-style-type: none"> ◦A letter from a government health program, like TRICARE, Veterans Affairs (VA), Peace Corps, or Medicare, showing when coverage ended or will end. ◦A letter from your state Medicaid or CHIP agency showing that your eligibility for Medicaid or CHIP was denied and when it was denied or that your Medicaid or CHIP coverage ended or will end. ◦A dated copy of your military discharge document (DD214). <p>A letter if you lost student health coverage, which shows when the coverage ended or will end. This should be on official letterhead or stationery.</p> <p>If you're losing or lost coverage from a non-calendar year plan, you can submit a dated and signed copy of written verification from an insurance agent, or a dated letter from your insurance company stating when the coverage year ends.</p>
Marriage	Date of marriage	<p>One of the following:</p> <p>Marriage certificate</p> <p>Marriage license</p> <p>Official public record of marriage</p> <p>Marriage affidavit or affidavit of support that's signed and dated by the person who officiated the marriage or the official witness of the marriage</p> <p>Religious document</p>

Move	Date of permanent move	<p>One of each from the following 2 categories:</p> <p>1. Documents that show a change of address</p> <p>Bills or financial statements that show a change of address or newly started services at your new address, including:</p> <ul style="list-style-type: none"> ◦Mail from a financial institution or a bank statement. ◦An internet, cable, phone, or other public utility (like gas or water) bill or service communication. This should show the date that your new utilities or services started <p>U.S. Postal Services change of address confirmation letter</p> <p>Mortgage or rental document for your new address</p> <p>A letter from a government organization, on official letterhead or stationery that shows a change of address to your new address including:</p> <ul style="list-style-type: none"> ◦A Social Security statement. ◦A notice from SNAP (food stamps) or TANF (cash assistance) agency. ◦Mail from the Department of Motor Vehicles (DMV). ◦Mail from the Internal Revenue Service (IRS). ◦Mail from the Low Income Home Energy Assistance Program (LIHEAP). ◦A voter registration card <p>2. Documents that prove that you had qualifying health coverage for at least one day in the past 60 days</p> <p>A letter from an insurance company, like a homeowner's or renter's policy statement, that includes your policy start date at your new address. This should be on official letterhead or stationery</p> <p>An insurance document, like a letter from an insurance company showing you or your dependent's health coverage, including COBRA. This should be on official letterhead or stationery.</p> <p>A document from an employer, like a letter about you or your dependent's health coverage, including COBRA. This should be on official letterhead or stationery.</p> <p>A document from a health care program, like a letter from a government health program, like Medicaid, CHIP, TRICARE, Veterans Affairs (VA), or Peace Corps. This should be on official letterhead or stationery</p>
Medicaid or CHIP (Children's Health Insurance Program) denial	Date of coverage denial	<p>One of the following:</p> <p>Denial letter from state Medicaid or CHIP agency that shows name, denial of coverage through Medicaid or CHIP, and the date of denial.</p> <p>Letter stating Medicaid or CHIP coverage ended that shows prior Medicaid or CHIP coverage and the date it ended. This letter can be from the state Medicaid or CHIP agency or from the insurance company that provided Medicaid or CHIP benefits.</p> <p>Letter from the Marketplace that says the state Medicaid or CHIP agency sent your application to the Marketplace.</p> <p>Screenshot of Medicaid/CHIP eligibility results from the state's online application.</p>

Adoption, Foster care placement, or Court order	Date of adoption, foster care placement, or court order placement	<p>One of the following:</p> <p>Adoption letter or record that shows the name of the person who was adopted and the date of adoption. This needs to be signed by a government or court official.</p> <p>Foster care papers that show the name of the person who was placed in foster care and the date of the placement. This needs to be signed by a government or court official.</p> <p>Child support or other court order that shows the name of the person who became a new dependent and the date of the court order. This needs to be signed by a court official.</p> <p>Document for legal guardianship that shows the name of the person who became a new dependent and the date that this person was placed in a home or the date legal guardianship was established. This needs to be a government-issued or legal document.</p> <p>Medical support order that shows the name of the person who became a dependent and the effective date of the order.</p> <p>If child was adopted from a foreign country, a U.S. Department of Homeland Security (DHS) immigration document that shows the name of the person who was adopted and the date of the adoption.</p>
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*These are guidelines provided by the Marketplace. While guidance from the Marketplace states that these documents will be acceptable, Medical Mutual is not able to enforce these guidelines. Any questions regarding the submission or the status of documents should be referred to the Marketplace call center.