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Plan Year 2020 Special Enrollment Period

Validation & Enrollment Processes for **Off-exchange** Policies

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Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Before We Begin

Learning Objectives

After this training, you will be able to:

- ✓ Explain the Special Enrollment Period (SEP) validation process to your clients.
- ✓ Understand the types of documents required for qualifying events.
- ✓ Describe the SEP process for both **online** and **paper** applications.
- ✓ Know how to affirm you completed this training.
- ✓ Access and utilize the supporting materials.

Acronyms

CCOC: Certificate of Creditable Coverage

CMS: Centers for Medicare & Medicaid Services

DOB: Date of Birth

FFM: Federally Facilitated Marketplace

MEC: Minimum Essential Coverage

OE: Open Enrollment

QE: Qualifying Event

QHP: Qualified Health Plan

SEP: Special Enrollment Period

Before We Begin

Applying for On-exchange Special Enrollment:

- Currently, if your client selects an on-exchange plan for special enrollment while using our Retail Shopping Cart or Retail Producer Portal, your client will be transferred to healthcare.gov to enroll.
- CMS validates SEP eligibility for life events
- Submit on-exchange SEP documents to the Marketplace, *not us*.
- For more on-exchange SEP information, see CMS's [Resources for Agents and Brokers in the Health Insurance Marketplaces site](#).
- See CMS's [Understanding Special Enrollment Periods](#) as a reference for consumers.

The following training is for special enrollment in Off-exchange QHPs.

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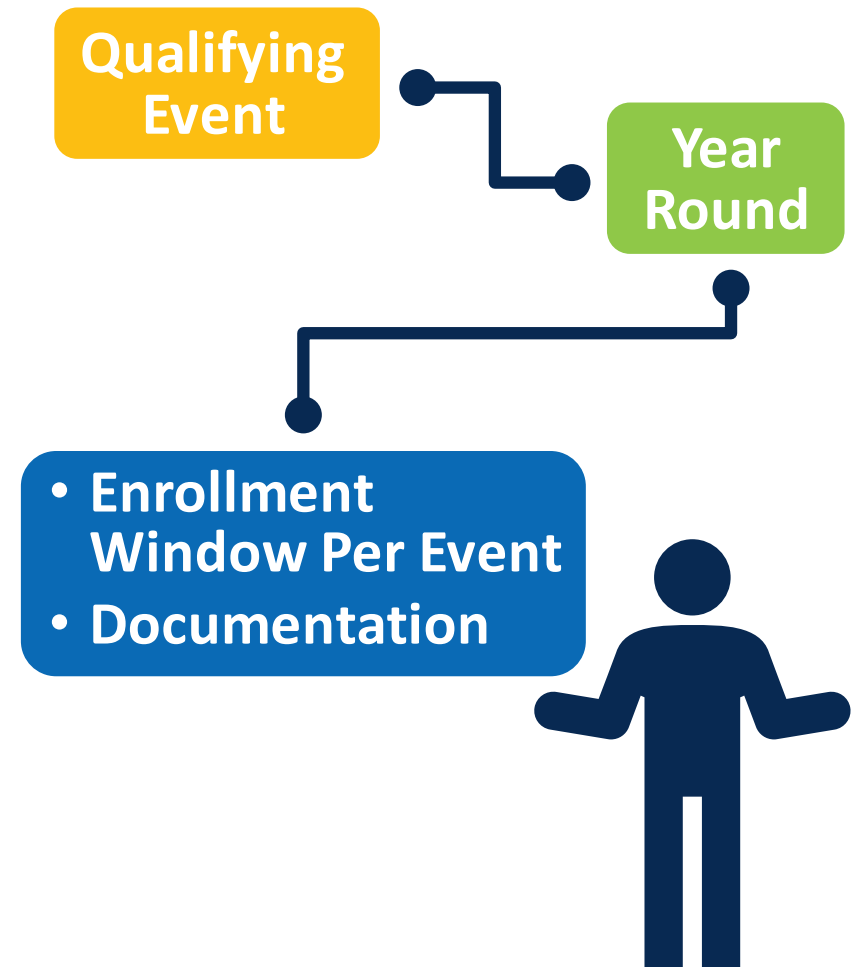


Rules for Special Enrollment

Rules for Special Enrollment

Special Enrollment Period Definition

- A Special Enrollment Period (SEP) is a period when your client can sign up for health coverage or apply for a different plan due to a qualifying event (QE).
- Special enrollment is available year round for individuals who meet the criteria, apply within their QE enrollment window and supply required documentation.



Rules for Special Enrollment

QE Validation Documents Must Establish:

REASON	The reason for loss of coverage or the reason for gaining access to new coverage options should be evident in at least one document. This is the “Why” behind the QE.
EVENT DATE	The QE date is <i>usually</i> the last day of coverage or the first day of access to new coverage options. If your client lost MEC, the event date is the last day of coverage. For example, if your client was laid off by their employer on Jan. 10 but the last day of employer-sponsored coverage was Jan. 31, the QE date is Jan. 31. In other situations, such as birth of a child or marriage, the QE date is the date the event took place. The QE date must correspond to the client’s SEP validation documents.
SOURCE	Supporting documents must be from a legitimate source on letterhead or from company email like an insurer, employer, policy administrator or government agency.
DOCUMENT DATE	Documents must be dated within 90 calendar days of the QE date.

Rules for Special Enrollment

DOs to Save Time:

- **Use online applications** via the Retail Producer Portal. Clients can submit their own application via their Retail Shopping Cart accounts.
- If you do use a paper app, **submit all pages** even if a page is empty (including dependent pages).
- When submitting the application, make the **initial premium payment** (Electronic Funds Transfer is preferred).
- **Include SEP validation documents with the app.** If you send documents separate from the app:
 - **If applied online:** Include primary applicant's full name and online E-Application number (found on applicant's SEP outreach letter) on the top of each page. If the producer doesn't have access to the E-Application number, include the primary applicant's full name and DOB on the top of each page.
 - **If applied via paper:** Include the primary applicant's full name and DOB on the top of each page.
- Include **all pages of every supporting document.**

DON'Ts to Avoid Processing Delays:

- **Don't use paper applications if possible.** They often require outreach to the applicant (by mail) and a response by deadline. If the deadline is missed, the QE's enrollment window can close without effectuation, leaving your client without coverage.
- **Don't send unreadable documents.** They won't be accepted.
- **Don't submit insurance ID cards** as proof of MEC.

Rules for Special Enrollment

Invalid QEs

- Loss of coverage due to failure to pay full premium
- Canceling or not paying a dependent's coverage does not give other family members SEP eligibility
- Loss of short-term or temporary coverage
- Voluntarily opting out of affordable employer-provided coverage
- Voluntarily canceling coverage before the policy renewal or end date
- Expiration of travel insurance
- Loss of State or Federal benefits or assistance due to failure to provide documents or verification
- Ending participation in a Medical Cost Sharing group

One-time Use of Qualifying Event

- Members that enrolled in coverage using a QE and want a plan change must wait for the next OE.
- Once consumers effectuate coverage for their QE, they can't change their coverage even if they're still within their SEP window.
- If the required validation documents are not received with the application, the applicant has 30 calendar days from notification to provide them or the application will be withdrawn, resulting in no coverage for the applicant. However, if the SEP window is still open, the applicant *can* reapply with the same QE.



Applying for Special Enrollment

Enrollment Channel Overview

Applying via The Retail Shopping Cart

Applying via The Retail Producer Portal

Applying via Paper App: Submitting by Mail/Fax

Applying via Paper App: Uploading to the Retail Producer Portal

Applying for Special Enrollment

Enrollment Channel Overview

ONLINE: Retail Producer Portal	ONLINE: Retail Shopping Cart	PAPER: Mail, Fax or Upload
- You manage the entire application and submission process “end-to-end” via your Retail Producer Portal account - You maintain control throughout – from quote to effectuation, ensuring agent attachment - Sale is credited and visible to you in the portal, often within 24 hours <u>Preferred enrollment channel</u>	- Clients reach the Retail Shopping Cart via your Express Link or Quote Link; both come from your Retail Producer Portal account - If clients open and close browsers, it could break your Express/Quote link - Sale is credited and visible to you in the portal, often within 24 hours - Preferred enrollment channel	- You supply the app to a client. You or the client can submit it via mail/fax. Or, upload a digital file of the app via the Retail Producer Portal - Requires several back-end enrollment and billing touchpoints, making this the most time-consuming enrollment process - Missing, unreadable or incorrect information requires outreach and time

Home Client Info E-Communication Quotes Resources Training Enrollment

Agent Assisted Enrollment

Special Enrollment Information

Is this a special Enrollment Period or “SEP” application? ☐ Yes ☐ No

Date of Event

1. I and/or my dependent(s) lost Minimum Essential Coverage that met the requirements of ACA:

a. For reasons beyond my control (not including reasons like failure to pay my full premium or and disregard on my part for the plan’s rules) as of this date:

☐ b. Because someone on the plan turned age 26 or 30 if unmarried military veteran, or was legally separated or divorced as of this date.

☐ c. Because the policyholder died as of this date:

☐ d. Because I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended as of this date:

☐ e. Because I moved away from my HMO plan’s service area as of this date:

☐ f. Because I have a claim that would meet or go over a lifetime limit on all benefits as of this date:

☐ g. Because I have lost coverage when my plan stopped covering people in my situation as of this date:

☐ h. Because I moved out of the service area and lost my group HMO coverage, and there were no other options with the group, as of this date:

☐ 2. Because I got married on this date:

☐ 3. Because I had a baby, adopted a child, had a child placed with me for adoption, took in a foster child or was otherwise ordered to cover a dependent through a court order as of this date:

☒ 4. Because there was a mistake when I signed up for my last health plan, or I have shown proof that my previous health plan or issuer broke its contract with me as of this date:

☐ 5. Because someone on my plan had a change in income and doesn’t qualify for the advance payment of premium tax credit or cost sharing reductions, or my last non-Marketplace plan broke government rules as of this date:

☐ 6. Because I got new health plan options when I moved on this date:

☐ 7. Because my current policy ends on a date other than December 31, which is this date:

If you do not see your circumstance listed above, please contact our Producer Services team at 1-866-514-8044 for assistance.

Cancel Save and Exit Submit Application

Signing Up Outside of Open Enrollment?

You may sign up for coverage during a Special Enrollment Period (SEP). An SEP is a chance to sign up outside Open Enrollment.

Do You Qualify for Special Enrollment?

- You must give us approved proof of a qualifying event with this application.
- CBSTX will review this proof to confirm that you qualify for an SEP.
- Without proof, we cannot process your form or sign you up for a health or dental plan.

Signing Up During Special Enrollment Period (SEP)

- An SEP is a chance to sign up outside Open Enrollment.
- Check more than one event if more than one happened to you.
- Once your policy has been issued, your SEP cannot be re-used to apply for a different plan.

If You Have Questions

- Please contact your independent, authorized agent or call CBSTX at 855-595-2277 for examples of proofs we can accept.
- Details about documents you need to provide are at cbstx.com/sep.
- You can also view the list of acceptable proof of documents.

SEP Qualifying Events

If you’ve had a qualifying life event, you may still be able to buy a health care plan. Your event must have taken place in the past 60 days.

First, please check all boxes that apply. Then, enter each event’s date:

☐ 1. My dependent(s) and/or I lost Minimum Essential Coverage that met the requirements of ACA.

☐ 2. Because I got married on this date:

☐ 3. Because I had a baby, adopted a child, had a child placed with me for adoption, took in a foster child or was otherwise ordered to cover a dependent through a court order as of this date:

☐ 4. Because there was a mistake when I signed up for my last health plan, or I have shown proof that my previous health plan or issuer broke its contract with me as of this date:

☐ 5. Because someone on my plan had a change in income and doesn’t qualify for the advance payment of premium tax credit or cost sharing reductions, or my last non-Marketplace plan broke government rules as of this date:

☐ 6. Because I got new health plan options when I moved on this date:

Applicant Name: _____ SSN#: _____

Signing up outside Open Enrollment?

NOTE: If you are signing up during Open Enrollment, skip this page.

DO YOU QUALIFY FOR SPECIAL ENROLLMENT?

You may sign up for coverage during a Special Enrollment Period (SEP). An SEP is a chance to sign up outside Open Enrollment.

- You must apply within 60 days before or after the qualifying life event.
- Check more than one event if more than one happened to you.
- You must give us approved proof of a qualifying event with this application.
- CBSTX will review this proof to confirm that you qualify for an SEP.
- Without proof, we cannot process your form or sign you up for a health or dental plan.
- Once your policy has been issued, your SEP cannot be re-used to apply for a different plan.

Please contact your independent, authorized agent or call CBSTX at 800-477-2000 for examples of proofs we can accept. Details about documents you need to provide are at cbstx.com/sep.

☐ 1. My dependent(s) and/or I lost Minimum Essential Coverage that met the requirements of ACA:

a. For reasons beyond my control (not including reasons like failure to pay my full premium or any disregard on my part for the plan’s rules) as of this date:

☐ b. Because someone on the plan turned age 26 or 30 if unmarried military veteran, or was legally separated or divorced as of this date:

☐ c. Because the policyholder died as of this date:

☐ d. Because I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended as of this date:

☐ e. Because I moved away from my HMO plan’s service area as of this date:

☐ f. Because I have a claim that would meet or go over a lifetime limit on all benefits as of this date:

☐ g. Because my plan stopped covering people in my situation as of this date:

☐ h. Because I moved out of the service area and lost my group HMO coverage, and there were no other options with the group, as of this date:

☐ 2. Because I got married on this date:

☐ 3. Because I had a baby, adopted a child, had a child placed with me for adoption, took in a foster child or was otherwise ordered to cover a dependent through a court order as of this date:

☐ 4. Because there was a mistake when I signed up for my last health plan, or I have shown proof that my previous health plan or issuer broke its contract with me as of this date:

Date of Event

Date of Event

Date of Event

Applying for Special Enrollment

Retail Producer Portal

Tips for special enrollment:

1. Choose the app. The time of year and the plan year determine if the Special Enrollment Information panel opens.
2. Confirm how the client provided consent in the Authorization panel.
3. Select “Yes.”
4. Select all applicable life events.
5. Enter the date of the event(s).
6. The “Effective Date” adjusts depending on the event and date entered.

Submit documents via the E-Communication tab (next page). For details on using the Retail Producer Portal, [see the guide](#).

Agent Assisted Enrollment

Application Information

Writing Producer Number 045459000	Applicant Name Jane Doe	Choose Application Form * 1 2019 Application for Enrollment 2018 Application for Enrollment	Effective Date 10/01/2018 6	Estimated Monthly Premium More Information Needed
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Authorization

2 I confirm/attest that my client has completed and signed a paper application, and as the producer of record, I will be completing and submitting the application on their behalf. I will keep a record of the paper application for minimum of two years from the submit date.

I confirm/attest that I am assisting my client in person. That all the terms, agreements, acknowledgements and authorizations displayed on the paper application have been presented and communicated to my client.

Special Enrollment Information

Is this a special Enrollment Period or "SEP" application Yes No 3

Date of Event

5 12/31/2018

4

1. I and/or my dependent(s) lost Minimum Essential Coverage that met the requirements of ACA:

a. For reasons beyond my control (not including reasons like failure to pay my full premium or and disregard on my part for the plan's rules) as of this date:

b. Because someone on the plan turned age 26 or 30 if unmarried military veteran, or was legally separated or divorced as of this date:

c. Because the policyholder died as of this date:

d. Because I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended as of this date:

e. Because I moved away from my HMO plan's service area as of this date:

f. Because I have a claim that would meet or go over a lifetime limit on all benefits as of this date:

g. Because I have lost coverage when my plan stopped covering people in my situation as of this date:

h. Because I moved out of the service area and lost my group HMO coverage, and there were no other options with the group, as of this date:

2. Because I got married on this date:

3. Because I had a baby, adopted a child, had a child placed with me for adoption, took in a foster child or was otherwise ordered to cover a dependent through a court order as of this date:

4. Because there was a mistake when I signed up for my last health plan, or I have shown proof that my previous health plan or issuer broke its contract with me as of this date:

5. Because someone on my plan had a change in income and doesn't qualify for the advance payment of premium tax credit or cost-sharing reductions, or my last non-Marketplace plan broke government rules as of this date:

6. Because I got new health plan options when I moved on this date:

7. Because my current policy ends on a date other than December 31, which is this date:

If you do not see your circumstance listed above, please contact our Producer Services team at 1-866-514-8044 for assistance.

Applying for Special Enrollment

Retail Producer Portal

Submitting event documents via the portal is simple. The documents should be in ONE digital file that's no more than 10 MB in size. Documents must be readable and complete.

1. Select the E-Communication tab.
2. Click the "Document Submission" link.
3. An "Account Number" is optional.
4. The "E-App Number" field is optional.
5. Select "SEP Documentation" from the "Document Type" drop down box.
6. Navigate to the file's location. Select it. The filename will populate here.
7. Click the "Submit" button.
8. Click "OK" when the confirmation message and tracking number appears.

The screenshot shows the 'E-Communication' tab selected in the top navigation bar (1). Below it, the 'Document Submission' link is highlighted in the left sidebar (2). The main form area contains fields for 'Account Number' (3), 'E-App Number' (4), 'Document Type' (5), and 'Location and Filename' (6). A 'Submit' button is located at the bottom right (7). A confirmation modal is displayed in the foreground (8), showing the message: 'The document 161585.pdf has been submitted. Your tracking number is # 11111.' with an 'OK' button.

For details on using the Retail Producer Portal, [see the guide](#).

Applying for Special Enrollment

Retail Shopping Cart

Those applying for special enrollment will need to complete the following for both online and paper enrollment:

- Select a qualifying event
- Enter the date of the event
- Upload (or attach) qualifying event documentation

The screenshot shows a web form titled "Special Enrollment Period" with a subtitle "You may be able to buy a health care plan during the Special Enrollment Period (SEP)". The form is divided into three main sections: "Your Special Enrollment Period?", "Your Life Event Proof", and "Your Next Steps".

Your Special Enrollment Period?
If you are applying for coverage during a Special Enrollment Period or "SEP" (an opportunity to enroll outside of Open Enrollment), you may request coverage if you have experienced one or more of the qualifying life events listed below during the last 60 days (check all that apply).

Your Life Event Proof
You must provide acceptable proof of a qualifying event with this Application. BCBSIL will review this proof to verify your eligibility for a SEP. Please view the list of acceptable proof of these qualifying events. [View The List](#)

Your Next Steps
First, save your records so you can attach them now. Then, shop for the plan that's right for you. Please note, failure to provide acceptable proof with this Application of a qualifying event will delay or prevent the processing of your Application and enrollment in coverage.

☐ Please check this box if you've received a notice saying your current 2018 BCBS health care plan will not be offered in 2019.

SEP Qualifying Events
If you've had a qualifying life event, you may still be able to buy a health care plan. Your event must have taken place in the past 60 days.
First, please check all boxes that apply. Then, enter each event's date:

☒ 1. I and/or my dependent(s) lost Minimum Essential Coverage that met the requirements of ACA.¹

☐ a. For reasons beyond my control (not including reasons like failure to pay my full premium or any disregard on my part for the plan's rules) as of this date.

☐ b. Because someone on the plan turned age 26 or 30 if unmarried military veteran, or was legally separated or divorced as of this date.

☐ c. Because the policyholder died as of this date.

☐ d. Because I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended as of this date.

☐ e. Because I moved away from my HMO plan's service area as of this date.

☐ f. Because I have a claim that would meet or go over a lifetime limit on all benefits as of this date.

☐ g. Because I lost coverage when my plan stopped covering people in my situation as of this date.

☐ h. Because I moved out of the service area and lost my group HMO coverage, and there were no other options with the group, as of this date.

☐ 2. Because I got married on this date.

☐ 3. Because I had a baby, adopted a child, had a child placed with me for adoption, took in a foster child or was otherwise ordered to cover a dependent through a court order as of this date.

☐ 4. Because there was a mistake when I signed up for my last health plan, or I have shown proof that my previous health plan or issuer broke its contract with me as of this date.

☐ 5. Because someone on my plan had a change in income and doesn't qualify for the advance payment of premium tax credit or cost-sharing reductions, or my last non-Marketplace plan broke government rules as of this date.¹

☐ 6. Because I got new health plan options when I moved on this date.

☐ 7. Because my current policy ends on a date other than December 31, which is this date.¹

☐ 8. Because of an allowed reason I do not see on this list that happened on this date. (Please work with your agent or contact our sales center at 855-404-2227.)

¹You must apply within 60 days before or after the qualifying life event.

[Cancel](#) [Continue](#)

Applying for Special Enrollment

Retail Shopping Cart

When your client selects a QE, the “Add Supporting Document” screen provides information on the documents required for that event.

We accept pdf files. We’ll also accept png, jpeg, jpg and gif file formats, which are all image files.

In all cases, uploaded documents must be readable and complete.

Applicants can submit multiple files. The combined size of all submitted files must be less than 20 MB.

The screenshot shows the 'Add Supporting Documents' screen for a Blue FocusCare Bronze 209 plan. The top navigation bar includes 'Welcome Sarah Alvarez', a shopping cart icon, and a 'Log out' button. Below this is a blue header with the plan name and a 'View Details' link. A secondary navigation bar contains tabs for 'Terms', 'Life Event', 'Applicants', 'Other Information', 'Primary Care Physician', 'Payment', 'Life Event Proof' (which is highlighted in green), 'Sign', and 'Finished'. The main content area is titled 'Add Supporting Documents' and includes a note about processing delays. It states that the user has gained or become a dependent due to marriage on 12/15/2017. A list of approved documents is provided, including marriage certificate, domestic partner affidavit, civil union certificate, and notarized affidavit of common law marriage. It also lists additional required documents: proof of minimum essential coverage, carrier coverage cancellation notice, or Certificate of Creditable Coverage. A table shows a received document 'Sarah Jose Alvarez Marriage Cert.pdf' with a checkmark and a trash icon. At the bottom, there is a 'Select Files' button, a file size limit of 20MB, and accepted file formats (png, jpeg, jpg, gif, pdf). Navigation buttons at the bottom include 'Back', 'Start Over', 'Save and Exit', and 'Next'.

Welcome Sarah Alvarez Cart Log out

Blue FocusCare Bronze 209 [View Details](#) Are you working with a licensed agent? [Find An Agent](#)

Terms Life Event Applicants Other Information Primary Care Physician Payment Life Event Proof Sign Finished

Add Supporting Documents

Based on the SEP Qualifying Event you selected please attach your proof here. Processing may be delayed if you attach your proof at a later time.

I gained or became a dependent due to marriage on: 12/15/2017

Here's a list of approved documents:

- Marriage certificate
- Domestic partner affidavit
- Civil union certificate
- Notarized affidavit of common law marriage

In addition to proof of marriage, you must provide the following:

- Proof of minimum essential coverage, carrier coverage cancellation notice or Certificate of Creditable Coverage for at least one of the persons getting married, for at least one day in the 60 days prior to the date of marriage

*Documentation must indicate marriage occurred within sixty (60) calendar days of application

Received Documents:	Action
Sarah Jose Alvarez Marriage Cert.pdf ✓	

[Select Files](#) All files can't exceed 20MB.
File formats accepted: png,jpeg,jpg,gif,pdf

[Back](#) [Start Over](#) [Save and Exit](#) [Next](#)

Applying for Special Enrollment

Paper Application

Complete paper application. Then:

1. Have your client gather the documents for his or her qualifying life event.
2. Submit the ENTIRE application (all pages) and documents together to us in **1 of 4** ways:

ENTER	Enter data from the completed app into the Retail Producer Portal via the Enrollment tab. Note that qualifying event documentation must still be uploaded. See pages 28-42 of the portal guide for details on enrolling, page 42 for SEP instructions, and pages 48-49 on uploading documents.
MAIL	Send via regular mail to BCBS Individual Enrollment, PO Box 3238, Naperville, IL 60566-7236 (all states) Send via overnight mail to BCBS Individual Enrollment, 1000 Warrenville Rd, Ste 400, Naperville, IL 60563 (all states)
FAX	Fax to 800-279-7419 (all states)
UPLOAD	Upload a digital file of the completed app via the Retail Producer Portal . (Initial payment must be EFT for upload submissions.) Use “ New Business Application ” document type in the E-Communication tab when uploading the completed app and supporting documents. (Don’t use “SEP Documentation” when an app is included.)



Contacting SEP Applicants

When Outreach is Required

Overview of Document Request Process

Applicant Outreach

Contacting SEP Applicants

When Outreach Is Needed

Consumers must submit validation documents that are required for their qualifying event to be eligible for an SEP.

If no document is submitted, or if the wrong document is submitted with the application, we'll begin an outreach process.

We'll contact the applicant directly by mail.

If the required validation documents are not received with the application, the applicant has **30 calendar days** to provide them or the application will be withdrawn, **resulting in no coverage for the applicant**. However, if the SEP window is still open, the applicant *can* reapply, but the effective date may be different based on received date.

Contacting SEP Applicants

Overview of Document Request Process

When we receive a digital or paper application, our enrollment team checks for SEP documents. If none exist or are incorrect **we'll follow these steps:**

Timeline	Action
1 st Calendar Day	FIRST OUTREACH: 1. Mail applicant a request letter with instructions on submitting the correct validation documents 2. Pend application for a maximum of 30 calendar days , which begins when we make our first outreach attempt
Anytime during pend period	SECOND OUTREACH: If the applicant sends incomplete or incorrect documentation, we'll mail the applicant a second request for validation documents
30 th Calendar Day	WITHDRAWAL: Mail applicant withdrawal letter if no valid documentation has been received, resulting in no coverage for applicant . However, if the SEP window is still open, the applicant can reapply, but the effective date may be different based on received date.

Contacting SEP Applicants

Applicant Outreach

DOCUMENTATION REQUEST LETTERS

- Within days of identifying missing documents, our enrollment team will send a letter to your client about the verification requirement.
- The letter provides instructions on what your client should do next.
- A similar letter may be sent a second time within the 30-calendar-day pend period.
- With the SEP documentation request letter, [a list of possible documents per life event is also included](#).
- The verification document must include the **date** the event occurred.
- The verification document must be **mailed** or **faxed** to us. It can also be **uploaded** via the Retail Producer Portal.

Contacting SEP Applicants

Applicant Outreach

WITHDRAWAL LETTER

- On the 30th calendar day of receiving the application, we will withdraw it if we haven't received proof of SEP eligibility.
- A withdrawal letter will be mailed on the 30th calendar day.
- If the SEP window (60 days from the qualifying event) is still open, the applicant can reapply.
- If you or your client then submits a new application, **the effective date will be based on the submission of the new application**, not the first application that was withdrawn



Required Documents for SEP Qualifying Events

Required Documents for Qualifying Events

List of SEP Qualifying Events

- The following pages list the types of documents your clients must provide when applying for coverage under a special enrollment life event.
- Note that most documents must include proof that the triggering event occurred and the date the event occurred.
- These qualifying life events are organized by the numbered SEP categories listed on our enrollment channels (the Retail Shopping Cart, the Retail Producer Portal and our paper application) and used by CMS.

Most QEs fall into one of two categories

1. Caused the individual to lose MEC (such as aging off a policy or loss of employment)
2. Gained access to new coverage options (such as adding a dependent or moving to a new service area)

Required Documents for Qualifying Events

List of SEP Qualifying Events

1. I and/or my dependent(s) lost Minimum Essential Coverage:

- a. For reasons beyond my control
- b. Someone on the plan turned age 26 or someone on the plan was legally separated or divorced
- c. The policyholder died
- d. I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended
- e. I moved away from my HMO plan's service area
- f. I have a claim that would meet or go over a lifetime limit on all benefits
- g. I lost coverage when my plan stopped covering people in my situation
- h. I moved out of the service area and lost my group HMO coverage

2. I got married.

3. I had a baby, adopted a child, had a child placed with me for adoption, fostered a child or must cover a dependent due to court order.

4. There was a mistake when I signed up for my last health plan, or my previous health plan or issuer broke its contract with me.

5. Someone on my plan had a change in income and doesn't qualify for the APTC or cost-sharing reductions, or my last plan broke government rules.

6. I moved.

7. My current policy ends on a date other than December 31.

8. An allowed reason I do not see on this list.

Required Documents for Qualifying Events

1a *I and/or my dependent(s) lost Minimum Essential Coverage (MEC) for reasons beyond my control*

One Document from This List:

- Letter/email from insurer or employer with reason for loss and last day of coverage
- COBRA “Notice of Eligibility” letter that shows the last day of employer coverage/ COBRA coverage start date
- COBRA “Termination of Coverage” letter that shows the last day of COBRA coverage
- State benefits continuation or discontinuation notice

OR

This Document:

- Letter from applicant stating reason for loss of coverage and the last day of coverage

AND

One Document from This List:

- Letter/email from insurer on letterhead with last day of coverage
- Printout from a benefits administration website with last day of coverage
- COCC with last day of coverage

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection.

Enrollment Window:

60 days before or after the QE

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Required Documents for Qualifying Events

1a *I and/or my dependent(s) lost Minimum Essential Coverage (MEC) for reasons beyond my control*

Tips for a Successful Enrollment:

COBRA Tips

- ✓ COBRA documents must be dated within 90 calendar days of the QE date to be considered valid.
- ✓ Choosing COBRA coverage ends the SEP window. This is true even if the 60-day SEP window has not ended. A new SEP will open once the COBRA terminates through no fault of the customer, or if the customer experiences another QE.
- ✓ Once enrolled in COBRA, a participant must continue to pay their premium for the full term of coverage. A COBRA participant that voluntarily cancels their coverage or is terminated for non-payment of premium prior to the pre-determined COBRA end date is NOT eligible for special enrollment.
- ✓ The COBRA Eligibility Notice shows the member is eligible for COBRA benefits due to loss of employer coverage within the last 60 days. The QE date is the day before the COBRA effective date. The Eligibility Notice must be from the COBRA administrator. The Eligibility Notice is a formal notification of COBRA eligibility and should not be confused with an election form, which is issued by the former employer's HR department. An election form is not valid proof of this QE.

Other Tips

- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.
- ✓ Applicants previously covered as dependents on a policy that was voluntarily terminated prior to the policy end or renewal date by the primary policyholder cannot claim "involuntary" loss of coverage.
- ✓ Losing MEC because the applicant failed to pay premiums or disregarded the plan's rules does not qualify for special enrollment.

Required Documents for Qualifying Events

1b *Someone on the plan turned age 26**

One Document from This List:

- Notification of reaching maximum age or termination of coverage letter/email from insurer with last day of coverage
- Letter/email from insurer on letterhead with last day of coverage
- Printout from a benefits administration website with last day of coverage
- COCC with last day of coverage

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection

Enrollment Period:

60 days before or after the QE

** In Illinois only: This QE also is for someone on the plan that turned 30 who is unmarried and has military veteran status.*

CONTINUED ON NEXT PAGE.

Required Documents for Qualifying Events

1b *Someone on the plan turned age 26**

Tips for a Successful Enrollment:

- ✓ Proof of age is not required if the DOB on the application supports the applicant turning age 26
- ✓ The applicant does not have to have been enrolled on an HCSC policy as a dependent to qualify for SEP due to reaching age 26.
- ✓ Reaching maximum age does not open the entire tax family to apply for coverage using this QE, only the dependent that is aging off current coverage -- only the enrollees that are leaving the original policy are eligible for a SEP
- ✓ Why are there two “1b” qualifying events (turning 26 and separation/divorce)? The CMS puts these two events together. We have them separated here because each has its own set of validation documents
- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.

Required Documents for Qualifying Events

1b *Someone on the plan was legally separated or divorced*

One Document from This List:

- Court-issued legal separation document showing loss of coverage (including date of separation, Judge's signature, and member's name)
- Court-issued divorce decree showing loss of coverage (including date of separation, Judge's signature, and member's name)

OR

This Document:

- Letter from applicant stating reason for loss of coverage and the last day of coverage

AND

One Document from This List:

- Letter/email from insurer on letterhead with last day of coverage
- Printout from a benefits administration website with last day of coverage
- COCC with last day of coverage

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection

Enrollment Period:

60 days before or after the QE

Tips for a Successful Enrollment:

- ✓ This QE is only available to individuals who are losing coverage as the result of a legal separation or divorce.
- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.

Required Documents for Qualifying Events

1c *The policyholder died*

One Document from This List:

- Letter/email from insurer on letterhead with last day of coverage
- Printout from a benefits administration website with last day of coverage
- COCC with last day of coverage

Effective Date:

The applicant has the option to begin coverage the day after the policyholder died **OR** after the first day of the month following loss of coverage

Enrollment Period:

60 days after the QE (either the date of death **OR** the last day of coverage)

Tips for a Successful Enrollment:

- ✓ This QE is only available to individuals who were covered as dependents of the policyholder at the time of death.
- ✓ No obituary, death certificate or copy of a death certificate is needed. Please don't supply this information.
- ✓ If the policyholder had one of our policies, coverage will not overlap. If the policyholder had a policy from another carrier, the applicant can choose the effective date: the day after the policyholder dies or the day after the policy terminates. State the effective date on the application or in a cover letter. If a choice is not made, the default will be the day after the policy terminates.
- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.

Required Documents for Qualifying Events

1d *I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended*

One Document from This List:

- Letter/email from insurer or employer with reason for loss and last day of coverage
- COBRA “Notice of Eligibility*” letter (from the COBRA administrator) that shows the last day of employer coverage/ COBRA coverage start date
- COBRA “Termination of Coverage” letter that shows the last day of COBRA coverage
- State benefits continuation or discontinuation notice

OR

This Document:

- Letter from applicant stating reason for loss of coverage and the last day of coverage

AND

One Document from This List:

- Letter/email from insurer on letterhead with last day of coverage
- Printout from a benefits administration website with last day of coverage
- COCC with last day of coverage

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection

Enrollment Period:

60 days before or after the QE

CONTINUED ON NEXT PAGE.

Required Documents for Qualifying Events

1d *I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended*

Tips for a Successful Enrollment:

COBRA Tips

- ✓ COBRA documents must be dated within 90 calendar days of the QE date to be considered valid.
- ✓ Choosing COBRA coverage ends the SEP window. This is true even if the 60-day SEP window has not ended. A new SEP will open once the COBRA terminates through no fault of the customer, or if the customer experiences another QE.
- ✓ Once enrolled in COBRA, a participant must continue to pay their premium for the full term of coverage. A COBRA participant that voluntarily cancels their coverage or is terminated for non-payment prior to the pre-determined COBRA end date is NOT SEP eligible.
- ✓ The COBRA Eligibility Notice shows the member is eligible for COBRA benefits due to loss of employer coverage within the last 60 days. The QE date is the day before the COBRA effective date. The Eligibility Notice must be from the COBRA administrator. The Eligibility Notice is a formal notification of COBRA eligibility and should not be confused with an election form, which is issued by the former employer's HR department. An election form is not valid proof of this QE.

You DO qualify for Special Enrollment if:

- ✓ You leave a job where you had health coverage (even if you left your job by choice or were terminated).
- ✓ Your employer fails to pay for job-based coverage resulting in termination of the policy under which you were covered.
- ✓ Your employer terminates the company's group policy.

You DO NOT qualify for Special Enrollment if:

- ✓ You voluntarily drop your job-based coverage during your coverage year while still working for your employer.
- ✓ You lose your job-based coverage because you didn't pay your premium.

Required Documents for Qualifying Events

1e *I moved away from my HMO plan's service area*

One Document from This List:

- USPS "Change of Address" confirmation showing former and current address
- Driver's license or State ID (with recent issue date), showing new address
- Utility bill (gas, electric, water, garbage) showing new address and start date of new service
- Lease agreement or mortgage closing documents showing new address and possession date
- Vehicle registration showing new address and effective date

AND

One Document from This List:

- Letter/email from insurer on letterhead showing at least 1 day of MEC in the 60 days prior to the Qualifying Event
- Printout from a benefits administration website showing at least 1 day of Minimum Essential Coverage in the 60 days prior to the Qualifying Event
- COCC showing at least 1 day of Minimum Essential Coverage in the 60 days prior to the Qualifying Event

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection

Enrollment Period:

60 days before or after the QE

CONTINUED ON NEXT PAGE.

Required Documents for Qualifying Events

1e *I moved away from my HMO plan's service area*

Tips for a Successful Enrollment:

- ✓ For child only policies, conventional documents such as a State ID or utility bill may not be available in the child's name. In these cases, a document from the above category with the address of the policy owner is sufficient to prove permanent move for the child, so long as the address on the SEP document matches the address listed on the application.
- ✓ Proof of MEC must indicate that the applicant had HMO coverage. If the applicant did not have HMO coverage, change the event selection to permanent move. (See QE #6 on page 43.)
- ✓ Documents must show address change took place within the last 60 days.
- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.

Required Documents for Qualifying Events

1f *I have a claim that would meet or go over a lifetime limit on all benefits*

One Document from This List:

- Letter/email from insurer with reason for loss of benefits
- Printout from a benefits administration website showing reason for loss of benefits

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection

Enrollment Period:

60 days before or after the QE

Required Documents for Qualifying Events

1g *I have lost coverage when my plan stopped covering people in my situation*

One Document from This List:

- Letter/email from insurer with reason for loss of coverage and last day of coverage
- Printout from a benefits administration website with last day of coverage

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection

Enrollment Period:

60 days before or after the QE

Required Documents for Qualifying Events

1h *I moved out of the service area and lost my group HMO coverage, and there were no other options with the group*

One Document from This List:

- USPS “Change of Address” confirmation showing former and current address
- Driver’s license or State ID (with recent issue date), showing new address
- Utility bill (gas, electric, water, garbage) showing new address and start date of new service
- Lease agreement or mortgage closing documents showing new address and possession date
- Vehicle registration showing new address and effective date

AND

One Document from This List:

- Letter/email from insurer on letterhead showing at least 1 day of MEC in the 60 days prior to the QE
- Printout from a benefits administration website showing at least 1 day of MEC in the 60 days prior to the QE
- COCC showing at least 1 day of MEC in the 60 days prior to the QE

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection

Enrollment Period:

60 days before or after the QE

CONTINUED ON NEXT PAGE.

Required Documents for Qualifying Events

1h *I moved out of the service area and lost my group HMO coverage, and there were no other options with the group*

Tips for a Successful Enrollment:

- ✓ For child only policies, conventional documents such as a State ID or utility bill may not be available in the child's name. In these cases, a document from the above category with the address of the policy owner is sufficient to prove permanent move for the child, so long as the address on the SEP document matches the address listed on the application.
- ✓ Proof of MEC must indicate that the applicant had HMO coverage. If the applicant did not have HMO coverage, change the event selection to permanent move. (See QE #6 on page 43).
- ✓ Documents must show address change took place within the last 60 days.
- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.

Required Documents for Qualifying Events

2 *I got married*

One Document from This List:

- Marriage certificate
- Domestic partner affidavit (accepted in Illinois, New Mexico, Oklahoma and Texas)
- Civil union certificate (accepted in Illinois)
- Notarized affidavit of common law marriage (accepted in Montana, Oklahoma and Texas)

AND

One Document from This List:

- Letter/email from insurer on letterhead showing at least 1 day of MEC in the 60 days prior to the QE
- Printout from a benefits administration website showing at least 1 day of MEC in the 60 days prior to the QE
- COCC showing at least 1 day of MEC in the 60 days prior to the QE

Effective Date:

First day of the month following plan selection

Enrollment Period:

60 days after the QE

Tips for a Successful Enrollment:

- ✓ Only one spouse must show proof of MEC. The spouse who has MEC is not required to be on the application.
- ✓ Adding a spouse to a current active policy with us does not require a MEC document. The MEC document is required if the applicants had coverage provided by another carrier.
- ✓ For child-only policies, a birth certificate can be used to prove that the dependent was the child of either spouse and is therefore part of the Tax Family
- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.

Required Documents for Qualifying Events

3 *I had a baby, adopted a child, had a child placed with me for adoption, took in a foster child or was ordered to cover a dependent by court order*

One Document from This List:

- Legal Guardianship documents
- Court documents showing responsibility for foster or placement for adoption or requiring health insurance coverage for a dependent
- Dependency Verification letter from an adoption agency
- Evidence of Medical Guardianship

Effective Date:

Date of the qualifying event.

For court ordered dependent coverage, the QE date would be either the date specified in the order, or the date the order went into effect.

Enrollment Period:

60 days after the QE

Tips for a Successful Enrollment:

- ✓ The new dependent can be added to existing coverage or enrolled in new coverage in a child-only policy.
- ✓ No supporting documents are needed to add a newborn to a policy as long as the child's Date of Birth is within 60 calendar days of the application received date.
- ✓ This QE allows anyone in the family to either change their current plan or purchase a new plan regardless of whether or not they are currently insured as long as the new dependent is included in the coverage. For example, a sibling won't be approved for new coverage if the new baby isn't included.

Required Documents For SEP Life Events

4 *There was a mistake when I signed up for my last health plan, or I proved that my previous health plan or issuer broke its contract with me*

This Document:

- Letter from Health Insurance Marketplace on official letterhead indicating your client is eligible to apply for a new plan under a Special Enrollment Period and effective date

Effective Date:

If the plan selection occurs between the 1st through the 15th of the month, the effective date is the first of the following month.

If the plan selection occurs between the 16th through the last day of month, the effective date is the first of the second following month.

Enrollment Period:

60 days after the QE

Required Documents for Qualifying Events

5 *Someone on my plan had a change in income and doesn't qualify for the APTC or cost-sharing reductions, or my last non-Marketplace plan broke government rules*

This Document:

- Letter from Health Insurance Marketplace on official letterhead indicating your client lost eligibility for a subsidy and effective date

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection

Enrollment Period:

60 days before or after the QE

Tips for a Successful Enrollment:

- ✓ Individuals who are still eligible for an Advance Premium Tax Credit (subsidy) cannot apply for a non-Marketplace plan using this QE.

Required Documents for Qualifying Events

6 *I got new health plan options when I moved*

One Document from This List:

- Driver's license or State ID (with recent issue date), showing new address
- Utility bill (gas, electric, water, garbage) showing new address and start date of *new* service
- Lease agreement or mortgage closing documents showing new address and possession date
- Vehicle registration showing new address and effective date
- USPS "Change of Address" confirmation showing former and current address

AND

One Document from This List:

- Letter/email from insurer on letterhead showing at least 1 day of MEC in the 60 days prior to the QE
- Printout from a benefits administration website showing at least 1 day of MEC in the 60 days prior to the QE
- COCC showing at least 1 day of MEC in the 60 days prior to the QE
- Passport* or Visa showing that your client lived outside the US (or a US territory) no more than 60 calendar days prior to the QE date

Effective Date:

If the plan selection occurs between the 1st through the 15th of the month, the effective date is the first of the following month.

If the plan selection occurs between the 16th through the last day of month, the effective date is the first of the second following month.

Enrollment Period:

60 days before or after the QE

** If a passport wasn't stamped upon entry, use copies of airline tickets, travel itinerary or immigration documents to support entry date.*

CONTINUED ON NEXT PAGE.

Required Documents for Qualifying Events

6 *I got new health plan options when I moved*

Tips for a Successful Enrollment:

- ✓ For child only policies, conventional documents such as a State ID or utility bill may not be available in the child's name. In these cases, a document with the address of the policy owner is sufficient to prove permanent move for the child, so long as the address on the SEP document matches the address listed on the application.
- ✓ Documents must show address change took place within the last 60 days
- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.

Required Documents for Qualifying Events

7 *My current policy ends on a date other than December 31*

One Document from This List:

- Letter/email from insurer or employer with reason for loss and last day of coverage
- COBRA “Notice of Eligibility” letter that shows the last day of employer coverage/ COBRA coverage start date
- COBRA “Termination of Coverage” letter that shows the last day of COBRA coverage
- State benefits continuation or discontinuation notice

OR

This Document:

- Letter from applicant stating reason for loss of coverage and the last day of coverage

AND

One Document from This List:

- Letter/email from insurer on letterhead with last day of coverage
- Printout from a benefits administration website with last day of coverage
- COCC with last day of coverage

Effective Date:

If the plan selection occurs on or before the day of the QE, the effective date is the first day of the month following loss of coverage.

If the plan selection occurs after the QE, the effective date is the first of the month following the plan selection

Enrollment Period:

60 days before or after the QE

CONTINUED ON NEXT PAGE.

Required Documents for Qualifying Events

7 *My current policy ends on a date other than December 31*

Tips for a Successful Enrollment:

COBRA Tips

- ✓ COBRA documents must be dated within 90 calendar days of the QE date to be considered valid.
- ✓ Choosing COBRA coverage ends the SEP window. This is true even if the 60-day SEP window has not ended. A new SEP will open once the COBRA terminates through no fault of the customer, or if the customer experiences another QE.
- ✓ Once enrolled in COBRA, a participant must pay their premiums for the full term of coverage. A COBRA participant that voluntarily cancels coverage or is terminated for non-payment prior to the pre-determined COBRA end date is NOT eligible for an SEP.
- ✓ The COBRA Eligibility Notice shows the member is eligible for COBRA benefits due to loss of employer coverage within the last 60 days. The QE date is the day before the COBRA effective date. The Eligibility Notice must be from the COBRA administrator. The Eligibility Notice is a formal notification of COBRA eligibility and should not be confused with an election form, which is issued by the former employer's HR department. An election form is not valid proof of this QE.

Other Tips

- ✓ If submitting a COCC, be sure that the person seeking coverage is listed and include all pages of the certificate.
- ✓ Declining group coverage when starting a new job is not a valid QE. However, if an employee chooses not to renew their (or their dependent's) group coverage during the employer's enrollment period, the employee may use that event due to the current policy ending on a date other than December 31.
- ✓ A group plan not covering certain conditions, not offering a level of coverage or not being priced in a way that is satisfactory to the employee are not valid QEs.

Required Documents for Qualifying Events

8 *An allowed reason I do not see on this list that happened*

For questions about events that qualify here, please contact your General Agent, your direct Sales Consultant, or our producer pre-sale support line, shown below.

ILLINOIS	MONTANA	NEW MEXICO	OKLAHOMA	TEXAS
866.446.4353 9:00 am to 5:00 pm CT, Mon.-Thurs. 9:00 am to 4:30 pm CT, Fri.	855.707.0598 9:00 am to 5:00 pm MT, Mon.-Thurs. 9:00 am to 4:30 pm MT, Fri.	866.446.5685 9:00 am to 5:00 pm MT, Mon.-Thurs. 9:00 am to 4:30 pm MT, Fri.	866.446.5684 9:00 am to 5:00 pm CT, Mon.-Thurs. 9:00 am to 4:30 pm CT, Fri.	800.531.4457 9:00 am to 5:00 pm CT, Mon.-Thurs. 9:00 am to 4:30 pm CT, Fri.



Affirming Your Training

WHY do you have to affirm completion?

WHEN do you have to affirm completion and by?

HOW and WHERE do Producers affirm completion?

Affirming Your Training

WHY do you have to affirm completion?

Because our producers are so integral to the enrollment process, it's critical you're up-to-speed on SEP rules to facilitate a smooth enrollment process for new members. Writing producers must **read the training materials and affirm they took the training** in order to be eligible for SEP sales compensation.

WHEN do you have to affirm completion?

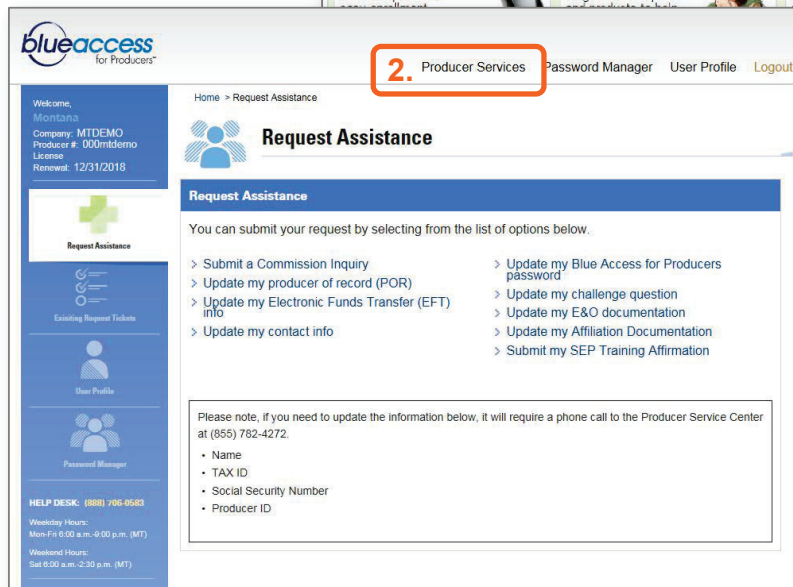
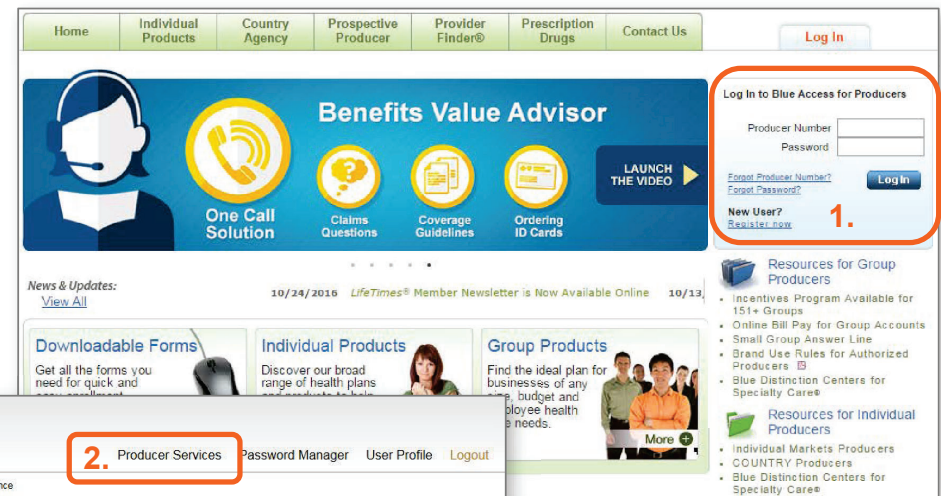
The SEP training affirmation date must predate an SEP application submission date to be eligible for SEP sales compensation.

SEP training is an annual requirement. We reserve the right to change compensation in accordance with the terms of the producer contract.

Affirming Your Training

HOW and WHERE do Producers affirm completion?

1. Log in to Blue Access for Producers. If you are a subproducer, be sure to **log in using your own 9-digit producer number and password**, not that of your agency's. The affirmation *must be made by the writing producer/subproducer*.
2. Select **"Producer Services"** at the top of the page.



Affirming Your Training

HOW and WHERE do Producers affirm completion?

3. Click on “SEP Training Affirmation” link.
4. Read the affirmation language and click on the green “Submit” button.
5. Be sure to keep the “Service Request” ticket confirmation number for your records.

NOTES:

- ✓ The SEP training affirmation page will remain on Blue Access for Producers now and through 2020.
- ✓ Producers working in multiple states only have to affirm on one state’s Blue Access for Producers site. Multiple affirmations are not required.
- ✓ **EMAILS, MAIL & FAXES AFFIRMING THIS TRAINING WILL NOT BE ACCEPTED.**

The image displays two screenshots of the Blue Access for Producers website interface. The top screenshot shows the 'Request Assistance' page, where a list of options is provided. The option 'SEP Training Affirmation' is highlighted with a red box and the number 3. The bottom screenshot shows the 'SEP Training Affirmation' page, where the 'Submit' button is highlighted with a red box and the number 4.

Blue Access for Producers

Producer Services Password Manager User Profile Logout

Welcome, Company: Portal Demo- Producer #: 000ldemo Renewal: 01/01/2050

Request Assistance

Home > Request Assistance

Request Assistance

You can submit your request by selecting from the list of options below.

- > Submit a Commission Inquiry
- > Update my producer of record (POR)
- > Update my Electronic Funds Transfer (EFT) info
- > Update my Blue Access for Producers password
- > Update my challenge question
- > Update my E&S documentation
- > **SEP Training Affirmation 3.**
- > Update my contact info

Blue Access for Producers

Producer Services Password Manager User Profile Logout

Welcome, Company: Portal Demo- Producer #: 000ldemo Renewal: 01/01/2050

Request Assistance

Home > Request Assistance > SEP Training Affirmation

Request Assistance

SEP Training Affirmation

Confirm that you completed the required SEP training for plan year 2017 by submitting this affirmation form.

This Special Enrollment Period (SEP) training is for Producers associated with Health Care Service Corporation, a Mutual Legal Reserve Company ("HCSC"), which operates through its Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma and Blue Cross and Blue Shield of Texas divisions, (each a "BCBS Plan").

By submitting this document, the Agent/Producer affirms that he or she has fully reviewed and completed the Special Enrollment Period training for individual business and understands this requirement is exclusive to HCSC and does not substitute for and is in addition to the Federally Facilitated Marketplace (On Exchange) training administered by the Centers for Medicare and Medicaid Services (CMS).

The Agent/Producer understands the affirmation submitted is recorded by National Producer Number (NPN) instead of individual writing agent number, and will therefore be reflected for each applicable HCSC division ("BCBS Plan") in which he or she is actively selling. When the producer affirms, the affirmation applies to all states in which the producer is contracted and/or appointed.

Cancel **Submit 4.**



Thank you for completing SEP training.

As soon as possible, please affirm that you completed the training.