



# BlueCross BlueShield of Texas

## Special Enrollment Period Qualifying Events & Required Documentation for Off Exchange Policies

Blue Cross and Blue Shield of Texas (BCBSTX) requires documentary verification from consumers applying for non-Marketplace (off exchange) policies in the under 65 retail market due to a life event that qualifies them for a Special Enrollment Period (SEP).

The tables on the following pages list the types of documents your clients must provide when applying for coverage under a special enrollment life event. These are organized by the numbered SEP categories listed on the first page of the enrollment application.

**Note that most documents must include the following:**

1. Proof that the triggering event occurred
2. Proof showing the date the event occurred

### Application Note:

If your client lost Minimum Essential Coverage, the "DATE OF EVENT" field on the application is in reference to the last day of coverage. In other situations, such as a birth of a child or marriage, it is the date the event took place. Do NOT enter the *desired* effective date in the "DATE OF EVENT" field. The DATE OF EVENT entered in the application must correspond to the client's SEP validation documentation.

**which state-mandated health**

If you are applying for coverage during a Special Enrollment Period (SEP), you must provide acceptable proof of a qualifying event with this application. Call 800-531-4456 for examples of acceptable proof.

1. I and/or my dependent(s) lost Minimum Essential Coverage<sup>1</sup> due to one or more of the following reasons:

- Involuntary loss due to reasons other than non-payment of premium or rescission on:
- Due to reaching the maximum age, legal separation, divorce, or death of the policyholder, as of:
- Prior health insurance plan due to termination of employment, reduction in number of hours of employment, or loss of employer contribution toward my premiums, or I have exhausted my COBRA benefits as of:
- I am no longer residing or living in my prior health insurance plan's HMO service area as of:
- I have a claim that would meet or exceed a lifetime limit on all benefits as of:
- I have lost coverage because my plan no longer offers benefits to the class of similarly situated individuals as of:
- I have lost coverage through my group HMO because I no longer reside or work in the service area and no other package is available as of:

2. I gained or became a dependent

3. I gained or became a dependent

4. An error occurred in my previous health plan enrollment, or I have adequately demonstrated that my previous health plan or issuer substantially violated a material provision of its contract with me, as of:

5. The Health Insurance Marketplace has determined that I or my dependents am/are newly eligible or ineligible for payments of the advanced premium tax credit, or have a change in cost-sharing eligibility, or misconduct by a non-Marketplace entity as of:

6. I gained access to new health plan options because of a permanent move on:

7. My current policy is ending on a date other than December 31st, which is:

8. Other qualifying event. If you do not see your circumstance listed, please work with your agent or contact our sales center at 800-531-4456.

<sup>1</sup>Can apply 60 days in advance.  
UNES-APPROFF-EXG-2

BlueCross BlueShield of Texas

Applicant Name: \_\_\_\_\_  
SSN#: \_\_\_\_\_  
Member ID: \_\_\_\_\_

**2017 Individual Plan**  
New Application or Change in Coverage

HOME OFFICE USE ONLY

To help us process your application promptly, follow the instructions.

- 1 Print all answers in blue or black ink. Pencil will not be accepted.
- 2 Make sure you personally sign the application as the Primary Applicant. If your spouse or any dependent(s) age 18 or over is also applying for coverage, have him/her personally sign the appropriate signature line.
- 3 If it is necessary to correct any errors, simply cross off what is incorrect and write your initials next to the correct information.
- 4 Please do not use correction fluid or tape.

Please submit your application via mail or fax or by calling an agent of Blue Cross and Blue Shield of Texas (BCBSTX), a division of Health Care Service Corporation, at 800-531-4456. Please complete the entire application including the selection of a Billing Method in Section D. Please note: If you are applying during a Special Enrollment Period (SEP), proof of a qualifying event must be included to complete your application. Failure to provide appropriate SEP documentation will delay processing of the application.

If you are working with a BCBSTX agent, please remember to include the name of your agent on the back of this application.

APPLY ONLINE: [bcbstx.com](http://bcbstx.com) (Only available during Open Enrollment.)

APPLY BY MAIL: Blue Cross and Blue Shield of Texas - Attn: Individual Enrollment, P.O. Box 3236, Naperville, IL 60566-7236

APPLY VIA FAX: 888-697-0686

If you have any questions, please call your agent or call BCBSTX toll-free at 800-531-4456.

**You have the option to choose a Consumer Choice health care plan that, either in whole or in part, does not provide state-mandated health benefits normally required in evidences of coverage in Texas. This standard health benefit plan may provide a more affordable health plan for you although, at the same time, it may provide you with fewer health plan benefits than those normally included as state-mandated health benefits in Texas. If you choose this standard health benefit plan, please consult with your insurance agent to discover which state-mandated health benefits are excluded in this evidence of coverage.**

If you are applying for coverage during a Special Enrollment Period or "SEP" (an opportunity to enroll outside of Open Enrollment), you must request acceptable proof of a qualifying event with this application. BCBSTX will review this proof to verify your eligibility for a SEP. Failure to provide proof of a qualifying event will delay or prevent the processing of your application and enrollment in coverage. Please call 800-531-4456 for examples of acceptable proof of these qualifying events.

which state-mandated health	DATE OF EVENT
<input type="checkbox"/> 1. I and/or my dependent(s) lost Minimum Essential Coverage <sup>1</sup> due to one or more of the following reasons:	
<input type="checkbox"/> Involuntary loss due to reasons other than non-payment of premium or rescission on:	
<input type="checkbox"/> Due to reaching the maximum age, legal separation, divorce, or death of the policyholder, as of:	
<input type="checkbox"/> Prior health insurance plan due to termination of employment, reduction in number of hours of employment, or loss of employer contribution toward my premiums, or I have exhausted my COBRA benefits as of:	
<input type="checkbox"/> I am no longer residing or living in my prior health insurance plan's HMO service area as of:	
<input type="checkbox"/> I have a claim that would meet or exceed a lifetime limit on all benefits as of:	
<input type="checkbox"/> I have lost coverage because my plan no longer offers benefits to the class of similarly situated individuals as of:	
<input type="checkbox"/> I have lost coverage through my group HMO because I no longer reside or work in the service area and no other package is available as of:	
<input type="checkbox"/> 2. I gained or became a dependent due to marriage on:	DATE OF EVENT
<input type="checkbox"/> 3. I gained or became a dependent due to birth, adoption, or placement for adoption or foster care on:	DATE OF EVENT
<input type="checkbox"/> 4. An error occurred in my previous health plan enrollment, or I have adequately demonstrated that my previous health plan or issuer substantially violated a material provision of its contract with me, as of:	DATE OF EVENT
<input type="checkbox"/> 5. The Health Insurance Marketplace has determined that I or my dependents am/are newly eligible or ineligible for payments of the advanced premium tax credit, or have a change in cost-sharing eligibility, or misconduct by a non-Marketplace entity as of:	DATE OF EVENT
<input type="checkbox"/> 6. I gained access to new health plan options because of a permanent move on:	DATE OF EVENT
<input type="checkbox"/> 7. My current policy is ending on a date other than December 31st, which is:	DATE OF EVENT
<input type="checkbox"/> 8. Other qualifying event. If you do not see your circumstance listed, please work with your agent or contact our sales center at 800-531-4456.	DATE OF EVENT

<sup>1</sup>Can apply 60 days in advance.  
UNES-APPROFF-EXG-2

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# Special Enrollment Period Tips

- To be eligible to enroll or make changes during an SEP, individuals must have had a qualifying **life event**.
- The special enrollment life events listed below correspond with the SEP life events listed on the off-exchange enrollment application.
- When consumers sign up for or change their insurance plan under an SEP, **coverage may not start right away**. The coverage effective date is driven by a combination of the qualifying reason, application submission date and the date of the qualifying event.
- The following information pertains to BCBSTX Non-Marketplace (**Off Exchange**) policies for plan year 2017.
- A qualifying event or SEP can occur at any point during the year.
- All qualifying events open up the opportunity for anyone in the **tax family** to purchase a plan regardless of whether or not they are currently insured. A “tax family” is defined as an IRS-approved dependent(s) filed on taxes.

## 1. Lost Health Insurance

I and/or my dependent(s) lost Minimum Essential Coverage (MEC).  
 (There are seven subcategories. These are listed in the following pages as 1A through 1G.)

**Enrollment period: Within 60 days BEFORE OR AFTER the qualifying event**

### 1A Involuntary loss due to reasons other than non-payment of premium or rescission

Reasons Include	Accepted Documents	Effective Date
INVOLUNTARY LOSS OF COVERAGE	<ul style="list-style-type: none"> <li>• Letter from prior insurer or employer with coverage termination date on company letterhead</li> <li>• Discontinuation notice</li> <li>• COBRA notice</li> <li>• State continuation notice</li> </ul>	<p>If the application and documentation are submitted on or before the day MEC was lost, the effective date is the first day of the month following the last day of coverage.</p> <p>If the application and documentation are submitted after the loss of MEC, the effective date is the first of the month following the submission date.</p>

#### NOTES

- Canceling or not paying a dependent’s coverage does not give any other family member(s) eligibility to a special enrollment; it is not a qualifying life event.
- Short-term limited duration policies (also known as temp policies) do not qualify as MEC. Therefore, the loss of short-term coverage, whether the policy is canceled or ends, is not a qualifying life event and does not make the consumer eligible for special enrollment.

**1B I and/or my dependent(s) lost MEC due to one of the following:**

Reasons Include	Accepted Documents	Effective Date
<p><b>REACHING THE MAXIMUM AGE</b>                      Dependent turns 26 and is no longer covered on parent's plan</p>	<ul style="list-style-type: none"> <li>• "Termination of Coverage" letter from existing/prior insurance company indicating dependent is not an eligible dependent</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Proof of prior coverage AND <u>one</u> of the following:                             <ul style="list-style-type: none"> <li>○ Birth certificate</li> <li>○ Driver's license</li> <li>○ State ID</li> <li>○ Military ID</li> <li>○ Passport</li> </ul> </li> </ul>	<p>If the application and documentation are submitted on or before the day of the qualifying event, the effective date is the first day of the month following loss of coverage.</p> <p>If the application and documentation are submitted after the day of the qualifying event, the effective date is the first of the month following the submission date.</p>
<p><b>LEGAL SEPARATION</b>                      Legal separation without losing coverage doesn't qualify</p>	<ul style="list-style-type: none"> <li>• Court-issued legal separation document including date of separation, judge's signature and member's name</li> </ul>	
<p><b>DIVORCE</b>                      Divorce without losing coverage doesn't qualify</p>	<ul style="list-style-type: none"> <li>• Court-issued divorce decree including date of divorce, judge's signature and member's name</li> </ul>	
<p><b>DEATH OF THE POLICYHOLDER</b></p>	<ul style="list-style-type: none"> <li>• Death Certificate</li> <li>• Obituary</li> </ul>	

**1C I am no longer eligible for my prior health insurance plan due to termination of employment, reduction in number of hours of employment, loss of employer contribution toward my non-Cobra coverage premiums, or I have exhausted my COBRA benefits**

Reasons Include	Accepted Documents	Effective Date
<p><b>TERMINATION OF EMPLOYMENT</b>                      Losing job-based coverage for any reason, including resigning, being laid off, or getting fired</p>	<ul style="list-style-type: none"> <li>• Letter from employer on employer letterhead explaining why coverage was terminated.</li> <li>• If above cannot be provided, submit official documentation from unemployment along with reason for termination.</li> <li>• Carrier coverage cancellation notice or certificate of creditable coverage</li> <li>• COBRA benefit letter on letterhead</li> </ul>	<p>If the application and documentation are submitted on or before the day of the qualifying event, the effective date is the first day of the month following loss of coverage.</p>
<p><b>REDUCTION IN NUMBER OF HOURS OF EMPLOYMENT</b>                      Resulting in a loss of coverage</p>	<ul style="list-style-type: none"> <li>• A letter from employer confirming loss of contributions</li> <li>• A letter from employer on company letterhead and signed by an officer/owner of the company indicating reduction in hours and loss of coverage along with pay stubs showing reduction in hours</li> </ul>	<p>If the application and documentation are submitted after the day of the qualifying event, the effective date is the first of the month following the submission date.</p>
<p><b>LOSS OF EMPLOYER CONTRIBUTION TOWARD MY PREMIUMS</b></p>	<ul style="list-style-type: none"> <li>• Letter from prior insurer or employer with coverage termination date on company letterhead</li> <li>• Discontinuation notice</li> <li>• COBRA notice</li> <li>• State continuation notice</li> </ul>	<p>If the application and documentation are submitted after the day of the qualifying event, the effective date is the first of the month following the submission date.</p>
<p><b>EXHAUSTED MY COBRA BENEFITS</b>                      Voluntarily giving up coverage (including COBRA before it runs out) or losing coverage because the premium wasn't paid doesn't qualify</p>	<ul style="list-style-type: none"> <li>• Certificate of Creditable Coverage</li> <li>• COBRA "Termination of Coverage Letter" from Insurer (proof of prior health care coverage) from existing/prior Insurance Company</li> </ul>	<p>If the application and documentation are submitted after the day of the qualifying event, the effective date is the first of the month following the submission date.</p>

**Loss of COBRA SEP**

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 a new qualifying life event.

**1D I am no longer residing or living in my prior health insurance plan’s HMO service area (individual or group)**

Reasons Include	Accepted Documents	Effective Date
<p>MOVED OUT OF CURRENT PLAN’S HMO SERVICE AREA</p>	<p>Documentation must show that the applicant had MEC for one or more days during the 60 calendar days prior to the permanent move, that the permanent move occurred within 60 calendar days of application submission AND one of the following:</p> <ul style="list-style-type: none"> <li>• Driver’s license</li> <li>• State ID</li> <li>• Utility bill</li> <li>• Rental, lease or mortgage agreement</li> <li>• USPS “change of address” receipt (with old/new address and effective date)</li> <li>• Homeowner, renter or automobile insurance policy</li> <li>• Government tax documents</li> <li>• Car registration</li> </ul>	<p>If the application and documentation are submitted on or before the day of the qualifying event, the effective date is the first day of the month following loss of coverage.</p> <p>If the application and documentation are submitted after the day of the qualifying event, the effective date is the first of the month following the submission date.</p>

**Additional reasons for losing minimum essential coverage:**

Reasons Include	Accepted Documents	Effective Date
<p>1E I HAVE A CLAIM THAT WOULD MEET OR EXCEED A LIFETIME LIMIT ON ALL BENEFITS</p>	<p>Letter from other insurer on insurer letterhead</p>	<p>If the application and documentation are submitted on or before the day of the qualifying event, the effective date is the first day of the month following loss of coverage.</p> <p>If the application and documentation is submitted after the day of the qualifying event, the effective date is the first of the month following the submission date.</p>
<p>1F I HAVE LOST COVERAGE BECAUSE MY PLAN NO LONGER OFFERS BENEFITS TO THE CLASS OF SIMILARLY SITUATED INDIVIDUALS.</p>	<p>Letter from other insurer on insurer letterhead</p>	
<p>1G I HAVE LOST COVERAGE THROUGH MY GROUP HMO BECAUSE I NO LONGER RESIDE OR WORK IN THE SERVICE AREA AND NO OTHER PACKAGE IS AVAILABLE.</p>	<p>Proof that you no longer reside in the service area, e.g., letter from insurer stating that you moved outside of their service area and were terminated</p>	

## 2. New Marriage

I gained or became a dependent due to marriage

**Enrollment period: Within 60 days AFTER the qualifying event**

Reasons Include	Accepted Documents	Effective Date
MARRIAGE	Marriage license or certificate	
COMMON LAW MARRIAGE	<p>A joint notarized affidavit indicating the following:</p> <ul style="list-style-type: none"><li>• That the common-law marriage exists</li><li>• The name of the state in which the common-law marriage was recognized</li><li>• The date the couple met the state's definition of common law marriage</li></ul> <p>AND</p> <p>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.)</p>	The effective date is the first day of the month following the application and documentation submission date.

### 3. New Child

I gained or became a dependent due to birth, adoption, placement for adoption, foster care or court-ordered dependent coverage

**Enrollment period: Within 60 days AFTER the qualifying event**

Reasons Include	Accepted Documents	Effective Date
BIRTH	Birth certificate	Date of birth, adoption or placement
ADOPTION OR PLACEMENT FOR ADOPTION	<ul style="list-style-type: none"> <li>• Birth certificate that includes the name of the adopting parent</li> <li>• A certificate with the date of adoption</li> <li>• Court documents showing placement for adoption</li> <li>• A notarized statement by the adoption agency that adoption proceedings have been initiated and that the child has been placed for adoption</li> </ul> OR A notarized letter from the policyholder's lawyer that defines the parties involved and terms of the appointment. The document should include a statement indicating that the policyholder is responsible for the medical care of the child.	
FOSTER CARE	Court documents from the authorizing agency showing responsibility for foster care	
COURT-ORDERED DEPENDENT COVERAGE	Court documents showing court-ordered dependent coverage	Date of the court order

#### Notes if an uninsured woman gives birth

- The mother and the entire tax family are eligible for special enrollment; the **effective date for ALL is the date of the event.**
- The child is covered from date of birth, assuming the application is submitted within 60 days of the child's birth. This means that the delivery will be covered.

## 4. Error or Violation

An error occurred in my previous health plan enrollment, or I have adequately demonstrated that my previous health plan or issuer substantially violated a material provision of its contract with me.

**Enrollment period: Within 60 days AFTER the qualifying event**

Reasons Include	Accepted Documents	Effective Date
ERROR OR MISREPRESENTATION	Letter from the Federal Marketplace on letterhead  OR  Letter from insurer on letterhead	If the application and documentation submission occurs between the first through the fifteenth of the month, the effective date is the first of the following month.  If the application and documentation submission occurs between the sixteenth through the last day of month, the effective date is the first of the second following month.
INACTION OF AN OFFICER OF EXCHANGE OR HHS		
INACTION OF AN EMPLOYEE OF EXCHANGE OR HHS		
INACTION OF AN AGENT/BROKER OF EXCHANGE OR HHS		
HEALTH PLAN OR ISSUER VIOLATED A MATERIAL PROVISION ON CONTRACT		
AS DETERMINED BY THE EXCHANGE		

## 5. Changes to Tax Credit Status or Entity Misconduct

The Health Insurance Marketplace has determined that I or my dependents are newly eligible or ineligible for payments of the advance premium tax credit (APTC), or have a change in cost-sharing eligibility or experienced misconduct by a non-marketplace entity.

**Enrollment period: Within 60 days BEFORE OR AFTER the last day of coverage.**

Reasons Include	Accepted Documents	Effective Date
ELIGIBLE FOR APTC AS DETERMINED BY THE MARKETPLACE	<ul style="list-style-type: none"> <li>• Documentation from the Federal Marketplace</li> <li>• Letter from the Federal Marketplace on letterhead</li> </ul>	<p>If the application and documentation submission occurs on or before the day of the qualifying event, the effective date is the first day of the month following loss of coverage.</p> <p>If the application and documentation submission occurs after the qualifying event, the effective date is the first of the month following the submission date.</p>
NOT ELIGIBLE FOR APTC AS DETERMINED BY THE MARKETPLACE		
CHANGE IN COST SHARING ELIGIBILITY AS DETERMINED BY THE MARKETPLACE		
MISCONDUCT BY A NON-MARKETPLACE ENTITY		

## 6. Moved

I gained access to new health plan options because of a **permanent** move

**Enrollment period: Within 60 days AFTER the qualifying event.**

Reasons Include	Accepted Documents	Effective Date
PERMANENT MOVE	<p>Documentation must show <b>all three</b> of the following:</p> <ol style="list-style-type: none"> <li>1. Date of the move from another state or country</li> <li>2. Proof of residence in another state or country from ONE of the following: <ul style="list-style-type: none"> <li>• Driver's license</li> <li>• State ID</li> <li>• Utility bill</li> <li>• Rental, lease or mortgage agreement</li> <li>• USPS "change of address" receipt (with old/new address and effective date)</li> <li>• Homeowner, renter or automobile insurance policy</li> <li>• Government tax documents</li> <li>• Car registration</li> </ul> </li> <li>3. Either a record of MEC for one or more days during the 60 calendar days prior to the permanent move or a record that the applicant has lived outside the US (or a US territory) at the time of the permanent move</li> </ol>	<p>If the application and documentation submission occurs between the first through the fifteenth of the month, the effective date is the first of the following month.</p> <p>If the application and documentation submission occurs between the sixteenth through the last day of month, the effective date is the first of the second following month.</p>

## 7. Policy Ending

My current policy is ending in a non-calendar year

**Enrollment period: Within 60 days BEFORE OR AFTER the last day of coverage.**

Reasons Include	Accepted Documents	Effective Date
POLICY EXPIRES ON A DATE OTHER THAN DECEMBER 31	<ul style="list-style-type: none"><li>• Discontinuation notice</li><li>• State continuation notice</li><li>• COBRA notice</li><li>• Letter from other insurer on insurer letterhead</li><li>• Carrier coverage cancellation notice or certificate of creditable coverage</li><li>• Renewal letter from carrier (or written verification from the producer or agent) or documentation from the carrier that the plan is a Grandfathered or Grandmothered plan</li></ul>	<p>If the application and documentation submission occurs on or before the day of the qualifying event, the effective date is the first day of the month following loss of coverage.</p> <p>If the application and documentation submission occurs after the qualifying event, the effective date is the first of the month following the submission.</p>

## 8. Other Qualifying Events

Reasons Include	Accepted Documents	Effective Date
<p>LOST MEDICAID PREGNANCY COVERAGE</p>	<ul style="list-style-type: none"> <li>Recent Medicaid/CHIP denial confirming application was submitted within open enrollment</li> <li>Renewal letter from insurer</li> <li>Written verification from producer</li> </ul>	<p>If the application and documentation submission occurs on or before the day of the qualifying event, the effective date is the first day of the month following loss of coverage.</p>
<p>LOST MEDICAID'S MEDICALLY NEEDY COVERAGE</p> <p>Optional group of Medicaid recipients such as the blind or disabled as defined by each state. Selection can be made only once per calendar year outside of open enrollment</p>	<p>Proof of loss of coverage</p>	<p>If the application and documentation submission occurs after the qualifying event, the effective date is the first of the month following the submission.</p>
<p>BEGINNING OR CONCLUDING SERVICE IN AMERICORPS PROGRAMS</p> <p>Includes Volunteers in Service to America (VISTA), National Civilian Community Corps (NCCC), AmeriCorps State and AmeriCorps National</p>	<ul style="list-style-type: none"> <li>Certificate of Release or Discharge from Active Duty</li> <li>Valid Military ID</li> </ul>	<p>If the application and documentation submission occurs between the first through the fifteenth of the month, the effective date is the first of the following month.</p> <p>If the application and documentation submission occurs between the sixteenth through the last day of month, the effective date is the first of the second following month.</p>
<p>OTHER EXCEPTIONAL CIRCUMSTANCES</p>	<p>Proof of the triggering event and the date of the triggering event</p>	<p>Contact BCBSTX broker services call center for more information.</p>