



# Required Documentation for Special Enrollment Periods



A list of documents accepted as proof of SEP eligibility appears below.

*Only one document from each section is required.*

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

- Loss of minimum essential coverage;
- Marriage;
- Birth, adoption, placement for adoption, or placement in foster care;
- Non-calendar year expiration of coverage (coverage ends on a date other than 12/31)
- Reaching maximum age for dependent coverage;
- Access to new individual health plans due to permanent move or change in service area; or
- Other circumstances as determined by the Federal Marketplace.

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

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

Life Event	Required Documentation
I and/or my dependent(s) lost minimum essential coverage for reasons other than non-payment or rescission.	<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>
I lost employer contributions toward my health care premium.	<ul style="list-style-type: none"> <li>• 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 confirming reduction in hours</li> </ul>
I have exhausted my COBRA (Consolidated Omnibus Budget Reconciliation Act) benefits.	<ul style="list-style-type: none"> <li>• Certificate of creditable coverage</li> <li>• COBRA "Termination of Coverage" letter from insurer</li> </ul>
A dependent reached age 26.	<ul style="list-style-type: none"> <li>• "Termination of Coverage" letter from existing/prior insurer <b>OR</b> proof of prior coverage <b>AND</b> one 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>

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I experienced a loss of coverage due to legal separation or divorce.	<ul style="list-style-type: none"> <li>• Court-issued legal separation document or divorce decree (including date of separation, judge’s signature, and member’s name)</li> </ul>
Death of policyholder.	<ul style="list-style-type: none"> <li>• Death certificate</li> <li>• Obituary</li> </ul>
I gained or became a dependent due to marriage.	<ul style="list-style-type: none"> <li>• Marriage certificate</li> <li>• Domestic partner affidavit</li> <li>• Civil union certificate</li> <li>• Notarized affidavit of common-law marriage</li> </ul> <p>In addition to proof of marriage, you must provide the following:</p> <ul style="list-style-type: none"> <li>• 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 sixty (60) days prior to the date of marriage.</li> <li>• Documentation that indicates marriage occurred within sixty (60) calendar days of application</li> </ul>
I gained or became a dependent due to birth, adoption, placement for adoption, foster care or court-ordered dependent coverage.	<ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Adoption papers</li> <li>• Guardianship papers</li> <li>• Dependency verification letter</li> <li>• Evidence of medical guardianship</li> <li>• Proof of live birth from a hospital</li> <li>• Court documents showing court-ordered dependent coverage (effective the date of the court order)</li> </ul>
The Health Insurance Marketplace has determined that I or my dependents have a change in eligibility for the Advance Premium Tax Credit or in cost-sharing eligibility.	<ul style="list-style-type: none"> <li>• Letter from the Federal Marketplace on letterhead</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Letter from the Federal Marketplace</li> <li>• Letter from insurer on letterhead</li> </ul>
I am no longer residing or living in my prior health insurance plan’s HMO service area (Individual or Group).	<ul style="list-style-type: none"> <li>• Driver’s license</li> <li>• State ID</li> <li>• Utility bill</li> <li>• Property tax bill</li> <li>• Rental, lease or mortgage agreement</li> <li>• Vehicle registration</li> <li>• USPS “change of address” receipt or documentation (e.g., internet printout)*</li> </ul> <p>In addition to proof of permanent move, you must provide the following:</p> <ul style="list-style-type: none"> <li>• Proof of minimum essential coverage, carrier coverage cancellation notice or certificate of creditable coverage, for at least one day in the sixty (60) days prior to the move</li> </ul> <p>* Documentation must show that the applicant had coverage for one or more of the sixty (60) days prior to the move, and that the permanent move occurred within sixty (60) calendar days of application submission.</p>

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I have a claim that would meet or exceed a lifetime limit on all benefits.	<ul style="list-style-type: none"> <li>• Letter from other insurer on insurer letterhead</li> </ul>
Other qualifying event: If you do not see your circumstance listed, please work with your agent or contact our sales team.	<ul style="list-style-type: none"> <li>• Determine needed documentation with Customer Service</li> </ul>
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 premiums, or I have exhausted my COBRA benefits.	<ul style="list-style-type: none"> <li>• Letter from employer on company letterhead</li> <li>• COBRA benefit letter on letterhead</li> </ul>
My current policy expires on a date other than 12/31.	<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 agent</li> </ul>
I lived outside the U.S. (or a U.S. territory) and have permanently moved to the United States.	<ul style="list-style-type: none"> <li>• Proof of residence (in the last sixty (60) days) outside of the United States (or a U.S. territory) <b>AND</b> one of the following:               <ul style="list-style-type: none"> <li>– Driver’s license</li> <li>– State ID</li> <li>– Utility bill</li> <li>– Property tax bill</li> <li>– Rental, lease or mortgage agreement</li> <li>– Vehicle registration</li> <li>– USPS “change of address” receipt or documentation (e.g., internet printout)</li> </ul> </li> </ul>



If you are unable to provide proof of Special Enrollment Period eligibility based on the document list above but feel you are entitled to a Special Enrollment Period, please call us at 800-477-2000.



**BlueCross BlueShield of Illinois**