Capital BLUE

Required Documentation for Special Enrollment Period—Off-Marketplace

A Special Enrollment Period (SEP) is a 60-day period during which an eligible individual may enroll in an individual plan or change from one plan to another as a result of one of the following triggering events:

Note: If changing from one plan to another, the individual must stay within the same metal level of coverage as their current plan offering.

1. Loss of minimum essential coverage or loss of federal program eligibility
2. Gaining or becoming a dependent
3. Access to new individual plan due to permanent move
4. Change in eligibility for On-Marketplace coverage—Losing Advance Premium Tax Credit (APTC) or Cost-Sharing Eligibility only
5. Enrollment or plan error
6. Domestic abuse or spousal abandonment

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

1. Proof that the triggering event occurred; and
2. Proof of the date the event occurred.
3. In some cases, proof of minimum essential coverage prior to SEP event.

Loss of minimum essential coverage (individual, group, Medicare Part A, Medicaid, CHIP, TRICARE, and certain Veterans coverage)

Event	Documentation
Loss of minimum essential coverage Eligible effective date: (First day of the month following enrollment)	Proof that the triggering event occurred; and Proof showing the date the event occurred; and Proof that coverage was terminated
Legal separation	Legal documentation
Divorce	Divorce decree

Event	Documentation
Child loses dependent status, which may include: A dependent child reaching age 26, divorce, separation, or death.	Proof of loss of dependent status (e.g., letter from carrier with termination notification, birth certificate, driver's license, state ID, or passport)
Death of an employee or Policyholder	Death certificate
Termination of employment	Letter from employer on employer letterhead explaining why coverage was terminated (If above cannot be provided, submit official documentation from unemployment along with reason for termination.)
Reduction in the number of hours of employment	Letter from employer on employer letterhead explaining why coverage was terminated
Loss of HMO coverage in the individual market because you no longer reside in the service area	Proof that you no longer reside in the service area (e.g., letter from carrier stating that you moved outside of their service area and were terminated); Evidence of new address, such as utility bill
Loss of HMO coverage in the group market because you no longer reside, live, or work in the service area, and no other benefit package is available to you	Proof that you no longer reside in the service area; and Letter from employer on employer letterhead stating that no other benefit package is available to you
Your employer stops offering coverage to employees who are in a similarly situated job classification	Letter from employer on employer letterhead
The plan you were covered by through the Marketplace lost its certification	Letter from the carrier or Marketplace
Your employer stopped contributing toward your or your dependent's coverage	Letter from employer on employer letterhead
Exhaustion of COBRA continuation coverage	Proof that the full COBRA coverage expired
Loss of noncalendar year coverage/policy expiration	Letter from employer on employer letterhead

Note: A loss of coverage due to nonpayment of premium, fraud, or misrepresentation shall not be a triggering event unless it was committed by the employer.

Gaining or becoming a dependent through Marriage, Birth, Adoption, Placement for Adoption, Placement in Foster Care, or through a Child Support Order or other court order

Event	Documentation
Gaining or becoming a dependent through marriage, birth, adoption, placement for adoption, placement in foster care, or through a child support order or other court order Eligible effective date: (The date of birth, adoption, or placement for adoption)	Proof that the triggering event occurred; and Proof showing the date the event occurred; and Proof of previous minimum essential coverage for marriage or partnerships. **Note:** One individual in each marriage/partnership must have had minimum essential coverage for one or more days in the 60 days preceding their marriage/partnership. Exceptions are for individuals living outside of the United States or in a United States territory.
Marriage (includes same sex spouses)	Copy of marriage license
Common law marriage (from another state)	A joint notarized statement indicating that the common law marriage exists; The name of the state in which the common law marriage was recognized; The date the couple met the state's definition of common law marriage; and Supporting documentation that shows that the couple are common law partners (e.g., proof of joint bank account, joint deed, mortgage, lease, joint tax return)
Civil union partner	Copy of the civil union license/certificate
Domestic partner	Copy of certificate of domestic partnership
Birth	Birth certificate
Child placed for adoption/legally adopted/child support order or other court order	A copy of the adopted child's birth certificate in the name of the adopting parent(s) together with a certificate by the parent(s) of the date of adoption; A notarized statement by a state-approved and accredited adoption agency stating that adoption proceedings have been initiated in a court of competent jurisdiction and that the named child has been formally placed for adoption with the prospective parent(s) (who are also named on the statement); or A notarized legal document from the attorney representing the policyholder, which clearly defines the parties involved and the terms of the custody appointment. The document should include a statement indicating that the policyholder is responsible for the medical care of the child.
Child placed in foster care	Documentation from an authorized governmental body or delegating agency naming the policyholder as the foster parent

Access to new individual plans due to a permanent move to Pennsylvania (PA)

Event	Documentation
Permanent move to Capital BlueCross service area Eligible effective date: (1–15 = first day of the following month; 16–last day of the month = first day of the second following month)	Date of the move from another state or country; and Proof of residence in another state or country; and Proof of residence in our 21-county service area; and Proof of previous minimum essential coverage. Proof of residence includes one of the following: Driver's license, car registration, automobile insurance policy, deed, income tax return, utility bill, lease, homeowner's/renter's insurance policy. **Note:** Each individual must have minimum essential coverage for one or more days in the 60 days preceding their permanent move. Exceptions are for individuals living outside of the United States or in a United States territory, an individual who was previously incarcerated (within 60 days), or an individual who was in a coverage gap in a non-Medicaid expansion state prior to the permanent move. Moving only for medical treatment or staying somewhere for vacation doesn't qualify an individual for a Special Enrollment Period.

Change in eligibility for On-Marketplace coverage—Losing Advance Premium Tax Credit (APTC) or Cost-Sharing Eligibility only

Event	Documentation
Loss of Advance Premium Tax Credit (APTC) or Cost-Sharing Eligible effective date: (First day of the month following enrollment)	Proof that the triggering event occurred; and Proof showing the date the event occurred
Loss of Advance Premium Tax Credit (APTC) or Cost-Sharing	Documentation from the Marketplace

Enrollment or Plan Error

Event	Documentation
Enrollment or plan error Eligible effective date: (First day of the month following enrollment)	Proof that the triggering event occurred; and Proof showing the date the event occurred

Event	Documentation
Experience an error of the Issuer	Documentation that displays the error and details of the error, subject to issuer determination A consumer's or his or her dependent's enrollment or nonenrollment in a plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, or employee of Capital BlueCross, providing enrollment assistance or conducting enrollment activities.
Experience a plan contract violation	Documentation that displays the violation An enrollee or his or her dependents adequately demonstrates to Capital BlueCross that the plan in which he or she is enrolled substantially violated a material provision of its contract in relation to the enrollee.
Medicaid/CHIP denial	A letter from Medicaid or CHIP that shows the denial date and denial reason; and Proof of the original application date This is a valid Special Enrollment event, if the application to Medicaid or CHIP occurred during the Open Enrollment Period, or a Special Enrollment Period and the denial was received after the close of those periods.

Domestic Abuse or Spousal Abandonment

Event	Documentation
Domestic abuse or spousal abandonment Eligible effective date: (First day of the month following enrollment)	Proof of prior coverage with perpetrator (e.g., any documentation that shows list of covered members); and Self-attestation stating they are a victim of domestic abuse or spousal abandonment