

## Special Enrollment Attestation Form

**You may enroll in an individual health plan only during the open enrollment period from Nov. 1st to Jan. 31st.** There are exceptions that may allow you to enroll outside of this period. Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for Special Enrollment Period privileges. If you later determine that this information is incorrect, you may be disenrolled.

<b>Name of Applicant:</b>	<b>Effective Date Requested (MM/DD/YY):</b> /     /
<p><b>Completing this form does not guarantee acceptance of the exception request, please provide the required documentation.</b>                  I am certifying I qualify for Special Enrollment due to (check box the reason that best applies):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Got married or entered into domestic partnership</li> <li><input type="checkbox"/> Divorce, legal separation, dissolution of domestic partnership, or death</li> <li><input type="checkbox"/> A child is born, adopted or received into foster care</li> <li><input type="checkbox"/> Dependent turns 26 years old</li> <li><input type="checkbox"/> Attainment of citizenship</li> <li><input type="checkbox"/> Loss of Medi-Cal</li> <li><input type="checkbox"/> Loss of Group Coverage (e.g. death of an employee, termination of employment, deduction of hours) Loss of CORBA</li> <li><input type="checkbox"/> Loss of Student Health Insurance</li> <li><input type="checkbox"/> Ineligible for tax credits or cost-sharing reductions under Covered California</li> <li><input type="checkbox"/> Permanently moved into Balance Service Area</li> <li><input type="checkbox"/> Misconduct or misinformation occurred during your enrollment</li> <li><input type="checkbox"/> Released from jail or prison</li> <li><input type="checkbox"/> Returned from active duty military service</li> <li><input type="checkbox"/> Received a certificate of exemption for hardship exception from Health &amp; Human Services</li> <li><input type="checkbox"/> Court ordered provision of health insurance</li> <li><input type="checkbox"/> Federally Recognized American Indian/Alaska Native</li> <li><input type="checkbox"/> Other (Please provide an explanation): _____</li> </ul>	

### Required Documentation for Special Enrollment Periods

A person enrolling as the result of a qualifying life event should provide the proof that the triggering event occurred and the date the event occurred. Most special enrollment periods last **60 days** from the date of the qualifying life event.

Event	Supporting Documentation
Marriage	Marriage certificate
Divorce	Divorce decree document
Birth/Adoption/Legal Guardianship of Child	Birth certificate or hospital discharge paperwork
Dependent Child reaches age 26	Proof of previous health insurance
Death of policyholder	Death certificate
Eligible Immigration Status or US Citizenship	Valid US passport, Green Card, or legal supporting documentation
Loss of Employer Coverage	Proof of previous group health insurance
Loss of Coverage Through Spouse's Employer	Proof of previous group health insurance
Loss of COBRA	Loss of COBRA letter
Loss of Medi-Cal	Loss of Medi-Cal document
Ineligible for cost-sharing reductions under Covered CA	Covered CA letter
Relocation / Move into Balance Service Area	Proof of old and new address, such as utility bill, credit card statement, insurance statement, bank statement, driver's license or education institution document. Both document must indicate permanent move occurred within 60 days of application.

<b>Applicant Signature</b> X	<b>Date (MM/DD/YY):</b> / /
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