



# Qualifying Life Events for Individual Coverage

An individual can experience a qualifying event that makes them eligible to apply for health care coverage outside the Open Enrollment Period. This is called a Special Enrollment Period. An individual and/or any dependents may be eligible for coverage due to loss of minimum essential coverage not resulting from failure to pay a premium or providing false information on a previous application. This document is for informational purposes only and is not legal advice. Brokers should seek their own legal counsel if they have questions on eligibility.

Qualifying Event	Eligibility Timeframe From Date of Event	Required Documents	Effective Date Rule
<b>I LOST MY EMPLOYER GROUP COVERAGE</b>			
<b>Termination of employment</b>	60 days	Provide a coverage termination letter from the employer, HR department, or healthcare coverage administrator of your client's terminated coverage. Termination letters must include: <ul style="list-style-type: none"><li>• Your client's first and last name.</li><li>• An insurance coverage end date that happened or will happen within 60 days of your client's application date.</li><li>• The last day of coverage in the termination letter must be the same as the coverage end date you list on your client's application.</li><li>• Name of employer or healthcare coverage administrator.</li><li>• Name and signature of the authorized person issuing the letter.</li></ul>	<b>Past event:</b> If applying between the 1st and the 15th of the month, coverage is effective the 1st day of the following month. If applying between the 16th and the end of the month, coverage is effective the 1st day of the second following month. <b>Future event:</b> 1st of the month following the qualifying event date
<b>Death of a covered employee</b>	60 days	Provide a copy of the death certificate or coverage termination letter from the employer, HR department, or healthcare coverage administrator of your client's terminated coverage. Termination letters must include: <ul style="list-style-type: none"><li>• Your client's first and last name .</li><li>• An insurance coverage end date that happened or will happen within 60 days of your client's application date.</li><li>• The last day of coverage in the termination letter must be the same as the coverage end date you list on your client's application.</li><li>• Name of employer or healthcare coverage administrator.</li><li>• Name and signature of the authorized person issuing the letter.</li></ul>	<b>Past event:</b> If applying between the 1st and the 15th of the month, coverage is effective the 1st day of the following month. If applying between the 16th and the end of the month, coverage is effective the 1st day of the second following month. <b>Future event:</b> 1st of the month following the qualifying event date
<b>Covered employee's eligibility for Medicare</b>	60 days	Provide a copy of letter from CMS stating that your client is eligible for Medicare or a copy of the COBRA eligibility letter on company letterhead.	<b>Past event:</b> If applying between the 1st and the 15th of the month, coverage is effective the 1st day of the following month. If applying between the 16th and the end of the month, coverage is effective the 1st day of the second following month. <b>Future event:</b> 1st of the month following the qualifying event date.

Qualifying Event	Eligibility Timeframe From Date of Event	Required Documents	Effective Date Rule
<b>I LOST MY EMPLOYER GROUP COVERAGE (CONTINUED)</b>			
<b>Reduction in the number of hours</b>	60 days	<p>Signed letter on company letterhead from the employer, HR department, or healthcare coverage administrator of your client's terminated coverage. Termination letters must include:</p> <ul style="list-style-type: none"> <li>• Your client's first and last name.</li> <li>• An insurance coverage end date that happened or will happen within 60 days of your client's application date.</li> <li>• The last day of coverage in the termination letter must be the same as the coverage end date you list on your client's application.</li> <li>• Name of employer or healthcare coverage administrator.</li> <li>• Name and signature of the authorized person issuing the letter..</li> </ul>	<p><b>Past event:</b> If applying between the 1st and the 15th of the month, coverage is effective the 1st day of the following month. If applying between the 16th and the end of the month, coverage is effective the 1st day of the second following month.</p> <p><b>Future event:</b> 1st of the month following the qualifying event date.</p>
<b>Employer no longer offers health coverage</b>	60 days	<p>Signed letter on company letterhead from the employer, HR department, or healthcare coverage administrator of your client's terminated coverage. Termination letters must include:</p> <ul style="list-style-type: none"> <li>• Your client's first and last name.</li> <li>• An insurance coverage end date that happened or will happen within 60 days of your client's application date.</li> <li>• The last day of coverage in the termination letter must be the same as the coverage end date you list on your client's application.</li> <li>• Name of employer or healthcare coverage administrator.</li> <li>• Name and signature of the authorized person issuing the letter.</li> </ul>	<p><b>Past event:</b> If applying between the 1st and the 15th of the month, coverage is effective the 1st day of the following month. If applying between the 16th and the end of the month, coverage is effective the 1st day of the second following month.</p> <p><b>Future event:</b> 1st of the month following the qualifying event date.</p>
<b>GAINED OR BECAME A DEPENDENT</b>			
<b>Through marriage</b>	60 days	A copy of your client's marriage license/certificate AND proof of Minimum Essential Coverage for one day during the 60 days before your marriage (either spouse)	Effective the 1st day of the month following plan selection after date of marriage.
<b>Birth</b>	91 days	A copy of child's birth certificate.	Effective date of birth.
<b>Adoption, or placement for adoption or foster care</b>	31 days	A copy of adoption or foster care confirmation documents.	Effective date of adoption or placement for adoption.
<b>OTHER</b>			
<b>Lost minimal essential coverage</b>	60 days	<p>Signed letter on company letterhead from the employer, HR department, or healthcare coverage administrator of your client's terminated coverage. Termination letters must include:</p> <ul style="list-style-type: none"> <li>• Your client's first and last name</li> <li>• An insurance coverage end date that happened or will happen within 60 days of your client's application date.</li> <li>• The last day of coverage in the termination letter must be the same as the coverage end date you list on your client's application.</li> <li>• Name of employer or healthcare coverage administrator</li> <li>• Name and signature of the authorized person issuing the letter</li> </ul>	Effective the first day of the month following plan selection.

Qualifying Event	Eligibility Timeframe From Date of Event	Required Documents	Effective Date Rule
<b>OTHER (CONTINUED)</b>			
<b>Child support order or other court order</b>	60 days	Copy of court order.	Effective date is the date the court order becomes effective.
<b>Divorce or legal separation</b>	60 days	Copy of the divorce decree or legal separation court order.	<p><b>Past event:</b> If applying between the 1st and the 15th of the month, coverage is effective the 1st day of the following month. If applying between the 16th and the end of the month, coverage is effective the 1st day of the second following month.</p> <p><b>Future event:</b> 1st of the month following the qualifying event date.</p>
<b>End of dependent status (dependent turned 26)</b>	60 days	Letter from employer or carrier stating loss of dependent status	<p><b>Past event:</b> If applying between the 1st and the 15th of the month, coverage is effective the 1st day of the following month. If applying between the 16th and the end of the month, coverage is effective the 1st day of the second following month.</p> <p><b>Future event:</b> 1st of the month following the qualifying event date.</p>
<b>An individual gets medical confirmation of a pregnancy by a licensed health care professional, in writing, within the first 30 days of the commencement of the pregnancy</b>	30 days	Letter of certification of pregnancy on health care provider's letterhead specifying name of patient, date of commencement and signed by a licensed healthcare provider acting within the scope of such health care provider's practice.	Enrollment must be submitted within 30 days of the commencement of the pregnancy and must be certified by a health care professional. Coverage is effective the 1st day of the following month regardless of the date enrollment is received.
<b>Change in eligibility for advanced premium tax credits or cost-sharing reductions</b>	60 days	Letter of attestation of decrease in household income and Proof of Minimum Essential Coverage that was not obtained through Access Health CT within 60 days of the decrease in household income.	<p><b>Past event:</b> If applying between the 1st and the 15th of the month, coverage is effective the 1st day of the following month. If applying between the 16th and the end of the month, coverage is effective the 1st day of the second following month.</p> <p><b>Future event:</b> 1st of the month following the qualifying event date.</p>
<b>Moved into the ConnectiCare service area</b>	60 days	<p>A piece of mail demonstrating your client's move to Connecticut:</p> <ul style="list-style-type: none"> <li>• Proof of address change from another state</li> <li>• A recent utility bill from your client's previous address AND a utility bill from your client's new Connecticut residence (2 documents)</li> </ul> <p>If moving from another U.S. state, proof of Minimum Essential Coverage for at least one day during the 60 days before your client's move is required. This is not if your client is moving from another country.</p>	<p><b>Past event:</b> If applying between the 1st and the 15th of the month, coverage is effective the 1st day of the following month. If applying between the 16th and the end of the month, coverage is effective the 1st day of the second following month.</p> <p><b>Future event:</b> 1st of the month following the qualifying event date.</p>

Qualifying Event	Eligibility Timeframe From Date of Event	Required Documents	Effective Date Rule
<b>OTHER (CONTINUED)</b>			
<b>Error in enrollment</b>	60 days	Signed letter on company letterhead from the entity that committed the error in enrollment (e.g., employer, previous insurance carrier or health exchange).	<p><b>Past event:</b> If applying between the 1st and the 15th of the month, coverage is effective the 1st day of the following month. If applying between the 16th and the end of the month, coverage is effective the 1st day of the second following month.</p> <p><b>Future event:</b> 1st of the month following the qualifying event date.</p>
<b>Plan or other carrier violated a provision of the contract for health plan</b>	60 days	Letter from the other carrier stating the contract provision that was violated.	<p><b>Past event:</b> If applying between the 1st and the 15th of the month, coverage is effective the 1st day of the following month. If applying between the 16th and the end of the month, coverage is effective the 1st day of the second following month.</p> <p><b>Future event:</b> 1st of the month following the qualifying event date.</p>
<b>Released from Incarceration (jail or prison)</b>	60 days	Copy of legal incarceration release letter.	<p><b>Past event:</b> If applying between the 1st and the 15th of the month, coverage is effective the 1st day of the following month. If applying between the 16th and the end of the month, coverage is effective the 1st day of the second following month.</p> <p><b>Future event:</b> 1st of the month following the qualifying event date.</p>
<b>Gained access to individual coverage using an employer sponsored HRA</b>	60 days	Signed letter on company letterhead from the employer outlining the implementation of an ICHRA and effective date of the ICHRA. letter must include the names of the employee and any applicable dependents.	<p><b>Past event:</b> Effective the 1st of the month following plan selection.</p> <p><b>Future event:</b> 1st of the month following the qualifying event date.</p>

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