

SPECIAL ENROLLMENT PERIOD FORM



A Special Enrollment Period is defined as a time outside of the open enrollment period during which you and your family have a right to sign up for new or make changes to existing health insurance coverage. Special Enrollment Period qualifying life events include, but are not limited to, certain permanent moves, certain changes in your income and changes in your family size (such as if you marry, enter into a civil union or domestic partnership, divorce, or have a baby). If you are enrolled in a plan purchased outside of the Marketplace that counts as minimum essential coverage in most instances consumers have 60 days from the occurrence of the qualifying life event to sign up for or make changes to existing coverage; however there are some instances defined in the chart below that allows 60 days before and after a qualifying life event to sign up for or make changes to existing coverage.

This Special Enrollment Period Form CANNOT be used to make changes to coverage purchased from the Health Insurance Marketplace or to purchase new coverage from the Health Insurance Marketplace. To make such changes or purchases, you must contact the Health Insurance Marketplace directly.

If you would like to change plans due to a qualifying life event, you can complete this Special Enrollment Period Form along with a completed application and return them with any necessary supporting documents to us at the address provided below or you can contact one of our licensed representatives at 1-877-959-2550, visit your insurance agent or one of our Highmark Direct stores.

Select the appropriate qualifying life event below and sign the form. You may need to provide supporting documentation to prove eligibility and/or coverage effective date. The below listing of qualifying life events is subject to change. If you do not see the qualifying event that describes your situation, please contact us at 1-877-959-2550.

LAST NAME	FIRST NAME	M.I.	DATE OF EVENT
STREET ADDRESS		CITY	STATE ZIP CODE

QUALIFYING LIFE EVENT	COVERAGE EFFECTIVE DATE
<input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Placed for Adoption <input type="checkbox"/> Placed in Foster Care	Date of birth, adoption, placement for adoption or foster care OR the first day of the month following the plan selection. The coverage effective date cannot be prior to the occurrence of the event. Effective date requested: _____
<input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership	First day of the month following plan selection. The coverage effective date cannot be prior to the occurrence of the event.
<input type="checkbox"/> Loss of pregnancy related or medically needy coverage under Medicaid. <input type="checkbox"/> Loss of Minimum Essential Coverage. <i>Examples of Loss of Minimum Essential Coverage include but are not limited to job loss, death, divorce, reduction in hours, loss of eligibility for Medicaid or CHIP, expiration of COBRA and non-calendar year policies.</i> NOTE: Voluntarily quitting other health insurance coverage or being terminated for not paying premiums are not considered losses of minimum essential coverage. Losing health insurance coverage that is not minimum essential coverage is also not considered a loss of minimum essential coverage.	Notification can be 60 days prior to and 60 days after the loss of coverage. If plan selection is before or on the date of loss of coverage the effective date is the first day of the month following the loss of coverage. If plan selection is after the loss of coverage the effective date is the first day of the month following the plan selection. Coverage effective date cannot be prior to the occurrence of the event.

QUALIFYING LIFE EVENT	COVERAGE EFFECTIVE DATE
<input type="checkbox"/> A permanent move to a new area that offers different health plan options.	If the plan selection is between the 1st and 15th of the month, your coverage will start as soon as the 1st day of the following month. If the plan selection is between the 16th and end of the month, your coverage will start the 1st day of the second month. The coverage effective date cannot be prior to the occurrence of the event.
<input type="checkbox"/> A change in income, household or other status that affects eligibility for Advance Premium Tax Credits (APTC) or Cost-sharing Reductions (CSR). Must currently be enrolled in a Qualified Health Plan.	If the plan selection is between the 1st and 15th of the month, your coverage will start as soon as the 1st day of the following month. If the plan selection is between the 16th and end of the month, your coverage will start the 1st day of the second month. The coverage effective date cannot be prior to the occurrence of the event.
<input type="checkbox"/> Determined to be newly eligible for Advance Premium Tax Credit (APTC) due to not being eligible for coverage by an eligible employer sponsored plan.	Notification can be 60 days prior to and 60 days after the loss of coverage. If plan selection is before or on the date of loss of coverage the effective date is the first day of the month following the loss of coverage. If plan selection is after the loss of coverage the effective date is the first day of the month following the plan selection. Coverage effective date cannot be prior to the occurrence of the event.
<input type="checkbox"/> The Health Insurance Marketplace determined that an unintentional enrollment error is the result of an action or omission by an agent of the Health Insurance Marketplace.	Coverage effective date will be determined by the Health Insurance Marketplace. You must send in the necessary supporting documentation from the Health Insurance Marketplace along with this form and a completed application.
<input type="checkbox"/> The Health Insurance Marketplace determined that misconduct of a non-Health Insurance Marketplace entity has led to non-enrollment, wrong enrollment, misapplication or Advance Premium Tax Credit (APTC) issue or Cost-share Reduction (CSR) issue.	Coverage effective date will be determined by the Health Insurance Marketplace. You must send in the necessary supporting documentation from the Health Insurance Marketplace along with this form and a completed application.
<input type="checkbox"/> The Health Insurance Marketplace determines that there has been a violation of a material provision of the health insurance plan in which you or a dependent are enrolled. Must currently be enrolled in a Qualified Health Plan.	Coverage effective date will be determined by the Health Insurance Marketplace. You must send in the necessary supporting documentation from the Health Insurance Marketplace along with this form and a completed application.

To the best of my/our knowledge and belief, the information provided on this Special Enrollment Period Form is true and correct. I also understand that any attempts to make a change to current enrollment through fraud or other intentional misrepresentation of a material fact will result in termination of such contract.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

POLICYHOLDER'S SIGNATURE	DATE
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Notice to All Applicants: If you are applying for coverage due to a Special Enrollment Period, you must sign this Special Enrollment Period Form. If you are unmarried, under age 18 and applying for a policy that only covers yourself, your parent or guardian must sign. Note: The deductible amount and out-of-pocket maximum for your new individual coverage will reset on January 1st.

Highmark is committed to providing outstanding services for our applicants and members. If you need assistance because you have a disability or if you have limited English proficiency, please call 1-800-876-7639 or TTY at #711 to receive assistance free of charge.

You **MUST** send in a completed Special Enrollment Period form along with a completed application and any supporting documentation or we will not be able to process your new coverage.

To submit you can:

- Mail to Highmark Blue Cross Blue Shield
P.O. Box 382555
Pittsburgh, PA 15250-8555
- Fax to Highmark at 1-866-224-5403
- Call a Highmark licensed representative at 1-877-959-2550
- Visit your insurance agent
- Visit a Highmark Direct store

FOR PRODUCER USE ONLY

Print Producer Name

Producer Signature

Date

By signing this Special Enrollment Period Form I do hereby attest, acknowledge and agree to the following:

- The Policyholder has designated me as their authorized representative in compliance with all applicable state and federal laws, rules, regulations and guidelines;
- I have read this Special Enrollment Period Form to the Policyholder required to sign this Form and such Policyholder ACCEPTS the terms and conditions set forth in this Form;
- I will immediately send a copy of this completed and submitted Special Enrollment Period Form to the Policyholder in a secure manner in compliance with all applicable state and federal laws, rules, regulations and guidelines; and
- I have retained a copy this completed and submitted Special Enrollment Period Form for my records.

Blue Cross Blue Shield Agency No.

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Producer No.

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