

Special enrollment period guide and form

What is the special enrollment period?

In general, you can only change or apply for health care coverage and the Kaiser Permanente Charitable Health Coverage Program during the yearly open enrollment period. But if you have a certain type of event in your life, called a qualifying life event, you can change or apply for coverage for a limited period of time after that event. This is called a special enrollment period.

How long does the special enrollment period last?

The special enrollment period generally lasts 60 days from the date of your qualifying life event. For example, if you have a baby on June 1, you have 60 days – or by July 30 – to apply for coverage.

Who should use this form?

Use this form if you have had a qualifying life event and are applying for Kaiser Permanente's Charitable Health Coverage Program (CHC) during a special enrollment period.

You also need to complete an Application for Health Coverage and the Subsidy Eligibility Form.

Charitable Health Coverage program names vary by region:

- Northern California: Community Health Care Program
- Southern California: Child Health Program
- Colorado: Colorado Bridge Program
- Georgia: Georgia Bridge Program; Note: You must be actively enrolled in a training program with a participating community partner.
- Maryland and Virginia: Community Health Access Program
- Oregon: Child Health Program Plus; Note: You can apply for the Child Health Program Plus anytime through an approved Community Partner; you do not need to use this form.

Kaiser Permanente CHC members who just want to add an eligible family member to their account should not use this form.

Use the CHC Account Change Form instead. Contact us at the phone number listed on page 2 to obtain a CHC Account Change Form or visit kp.org/chcspecialenrollment.

What are the qualifying life events?

Here's a list of some of the life events that could qualify you for a special enrollment period:

- Loss of health care coverage
- Gaining, becoming, or losing a dependent
- Child support order or other court order to cover a dependent (varies by state)
- Permanently relocating (moving)
- Change in eligibility for federal financial assistance through the health insurance marketplace
- Change in eligibility for employer health coverage
- Determination by the health insurance marketplace

There are more events if you:

- Get your health coverage through the marketplace:
 - Change in immigration status
 - Coverage as an American Indian/ Native Alaskan
- Live in California:
 - Misinformation about your current coverage
 - Provider network changes
- Live in Colorado:
 - Contract violation

Some qualifying life events require that you had prior health coverage to qualify for a special enrollment period. For more information on qualifying life events and start dates and prior coverage requirements, visit kp.org/chcspecialenrollment.

Eligibility rules for Kaiser Permanente’s Charitable Health Coverage Program still apply during the special enrollment period. Even if you have a qualifying life event, you still have to be eligible for CHC. To view eligibility requirements for CHC in your region, go to kp.org/chcspecialenrollment.

What if my qualifying life event happens during open enrollment?

Even if your qualifying life event happens during open enrollment, you’ll still have a special enrollment period.

What if I know about my qualifying life event in advance?

If your qualifying life event is a loss of coverage that you know about in advance, you may be able to apply for new coverage ahead of time. In this case, you may have 60 days before and 60 days after the event to apply.

How do I apply?

If you have had a qualifying life event and are applying for Kaiser Permanente’s Charitable Health Coverage Program during a special enrollment period, please complete these steps:

- Fill out Steps 1, 2, and 3 of this **Special Enrollment Period Form**, starting on page 3.
- Provide proof of your qualifying life event following the instructions in Step 3.
- Fill out the additional required forms:
 - **Application for Health Coverage:** In Colorado, use the DORA form. In other regions, use the Kaiser Permanente Individual and Families Application.
 - **CHC Subsidy Eligibility Form:** Include proof of income with this form.
 - You can find these forms at kp.org/chcspecialenrollment.



Where to submit your forms and proof

Send your Special Enrollment Period Form and proof of qualifying life event along with your Application for Health Coverage, Subsidy Eligibility Form and proof of income:

By mail

Kaiser Foundation Health Plan, Inc.
California Service Center
P.O. Box 939095
San Diego, CA 92193-9095

By fax

1-858-614-3344

When to submit your forms and proof

Submit your forms, proof of income and proof of qualifying life event before your special enrollment period ends. The special enrollment period generally lasts 60 days from the date of your qualifying life event.

If we don’t get your proof in time, we’ll have to cancel your application. You may apply again if you’re still within your special enrollment period.

Need help?

Visit kp.org/chcspecialenrollment for more information. You can also call:

Northern California.....	1-800-464-4000
Southern California.....	1-800-464-4000
Colorado	
Southern Colorado.....	1-888-681-7878
Denver/Boulder.....	303-338-3800
Northern CO.....	1-844-201-5824
Mountain CO.....	1-844-837-6884
Georgia.....	1-888-865-5813
Maryland and Virginia.....	1-800-777-7902
TTY for all states.....	.711

Primary applicant name



STEP 1: Primary applicant information

Who is the primary applicant?

- The primary applicant is the person who'll be covered by the health plan.
- If the application is only for a child under 18, the child is the primary applicant.

Please note: This isn't an application for the Charitable Health Coverage (CHC) Program. To get health care coverage through CHC, you need to submit an application for health coverage (In Colorado, use the DORA form. In all other regions, use the Kaiser Permanente Application for Health Coverage.) and Subsidy Eligibility Form to see if you qualify for the program.

First name

Social Security number (if any)

 - -

Last name

Phone

 - -

MI Application ID number (if you applied online)

Gender:

Male Female

Date of birth (mm/dd/yyyy)

 / /

Health/medical record number (if any)

Home address (no P.O. boxes)

City

State

ZIP code

Parent/legal guardian (if primary applicant is under 18)

First name

Last name

Primary applicant name

STEP 2: Qualifying life event information

Qualifying life event number from Step 3

Date of qualifying life event (mm/dd/yyyy)

For loss of health care coverage, the date of the qualifying life event is the last full day you were covered under your old plan.

STEP 3: Proof of your qualifying life event

Instructions:

- Check 1 box for your qualifying life event and 1 box for the proof you're sending in (unless otherwise noted). Make sure the qualifying life event and the type of proof apply to your state.
- Send in 1 type of proof, unless otherwise noted.
- Send copies of official documents, not originals.
- Write this information about the primary applicant on the first page of your proof or on an attached page:
 - First and last name
 - Home address (no P.O. boxes)
 - Health/medical record number (if any)
 - Date of birth

Qualifying life event By State	Type of proof
<input type="checkbox"/> 1. Loss of health care coverage California, Colorado, Georgia, Maryland	Letter from your employer <input type="checkbox"/> Letter or other document from your employer stating that the employer dropped or will drop coverage or benefits for you, your spouse, or dependent family member and the date when this coverage ended or will end. <input type="checkbox"/> Letter or document from your employer stating that the employer stopped or will stop contributing to the cost of coverage and the date when this contribution ended or will end. <input type="checkbox"/> Letter showing your employer's offer of COBRA coverage or stating when your COBRA coverage ended or will end.
Keep in mind, this event does NOT qualify as a qualifying life event if: <ul style="list-style-type: none">• You're losing coverage because you didn't pay your premiums.• Your plan was rescinded.• You had Medicare Part B coverage and do not have any other coverage.• You voluntarily ended your coverage.	Letter from your insurer or Medicaid, Medi-Cal, Medicare, or other government programs <input type="checkbox"/> Letter from your health insurance company showing a coverage end date, including a COBRA coverage end date. <input type="checkbox"/> Letter from school stating when student health coverage ended or will end. <input type="checkbox"/> Letter or notice from Medicaid, Medi-Cal, or the Children's Health Insurance Program (CHIP) stating when Medicaid, Medi-Cal, or CHIP coverage ended or will end. <input type="checkbox"/> Letter or notice from a government program, like TRICARE, Peace Corps, AmeriCorps, or Medicare, stating when that coverage ended or will end.

(continues)

Primary applicant name

STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event By State	Type of proof
1. Loss of health care coverage <i>(continued)</i> California, Colorado, Georgia, Maryland	Other <ul style="list-style-type: none"><input type="checkbox"/> Dated military discharge papers or Certificate of Release, including the date that coverage ended or will end, if you're losing coverage because you're no longer on active military duty.<input type="checkbox"/> Dated and signed written verification from an agent/broker/producer or dated letter from the insurer, if you are or were enrolled in a non-calendar year plan that's ending, including the date the plan ended.<input type="checkbox"/> Pay stubs of both current and previous hours if a reduction in work hours caused you to lose coverage.
<input type="checkbox"/> 2. Gaining or becoming a dependent through marriage (or domestic partnership/civil union). Check 2 boxes total. California, Colorado, Georgia, Maryland, Virginia	Provide this: <ul style="list-style-type: none"><input type="checkbox"/> Proof of minimum essential coverage in the last 60 days from your insurer (applicants moving within the U.S. only). And provide 1 of these: <ul style="list-style-type: none"><input type="checkbox"/> Marriage certificate/license showing the date of the marriage.<input type="checkbox"/> Official government record of the marriage, including a foreign record of marriage showing the date of the marriage.
California, Colorado	<ul style="list-style-type: none"><input type="checkbox"/> Proof of minimum essential coverage in the last 60 days from your insurer (applicants moving within the U.S. only). And provide: <ul style="list-style-type: none"><input type="checkbox"/> Official government record, including date of domestic partnership or civil union registration.
<input type="checkbox"/> 3. Gaining or becoming a dependent through the birth of a child, adoption, or placement for adoption or foster care California, Colorado, Georgia, Maryland, Virginia	Birth of a child <ul style="list-style-type: none"><input type="checkbox"/> Birth certificate or application for a birth certificate for the child.<input type="checkbox"/> Record from a clinic, hospital, doctor, midwife, institution, or other provider stating the child's date of birth.<input type="checkbox"/> Military record showing the child's birth date and place of birth.<input type="checkbox"/> Official government record of a foreign birth certificate showing the child's birth date and place of birth.<input type="checkbox"/> Religious record showing the child's birth date and place of birth.<input type="checkbox"/> Letter or other document from the health insurance company, like an Explanation of Benefits, showing that services related to birth or after-birth care were given to the child, the mother, or both, including the dates of service. Adoption or foster care <ul style="list-style-type: none"><input type="checkbox"/> Adoption letter or record showing date of adoption, dated and signed by a court official.<input type="checkbox"/> Court order showing when the order started. It must have a filing date stamp.<input type="checkbox"/> U.S. Department of Homeland Security immigration document for foreign adoptions, including the date of the adoptions.<input type="checkbox"/> Medical support court order. It must have a filing date stamp.<input type="checkbox"/> Foster care papers dated and signed by a court official.

Primary applicant name

STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event By State	Type of proof
<p><input type="checkbox"/> 4. Child support order or other court order to cover a child Georgia, Maryland, Virginia</p> <p>Child support order or other court order to cover a dependent California, Colorado</p>	<p><input type="checkbox"/> Signed court order with court filing date stamp.</p>
<p><input type="checkbox"/> 5. Permanent relocation California, Colorado, Georgia, Maryland, Virginia</p> <div data-bbox="100 1066 441 1411" style="background-color: #e1f5fe; padding: 10px; border: 1px solid #ccc;"><p>In this instance, you move from a non-Kaiser Permanente service area to a Kaiser Permanente service area, or you move from a foreign country or a United States territory.</p></div>	<p>Provide this:</p> <p><input type="checkbox"/> Proof of minimum essential coverage from your insurer for at least 1 full day in the last 60 days (applicants moving within the U.S. only).</p> <p>And provide any of these: 1 with your old residential address and 1 with your new residential address (no P.O. boxes):</p> <ul style="list-style-type: none"><input type="checkbox"/> Lease or rental agreement.<input type="checkbox"/> Insurance documents, like homeowner's, renter's, or life insurance policy or statement.<input type="checkbox"/> Mortgage deed, if it states that the owner uses the property as the primary residence.<input type="checkbox"/> Mortgage or rental payment receipt.<input type="checkbox"/> Mail from the Department of Motor Vehicles, like a valid driver's license, vehicle registration, or change of address card.<input type="checkbox"/> Mail from a government agency to your address, like a Social Security statement, or a notice from Temporary Assistance for Needy Families or Supplemental Nutrition Assistance Program.<input type="checkbox"/> Your valid state ID.<input type="checkbox"/> Internet, cable, or other utility bill (including any public utility like a gas or water bill) or other confirmation of service (including a utility hookup or work order).<input type="checkbox"/> Telephone bill showing your address (cellphone or wireless bills are OK).<input type="checkbox"/> Mail from a financial institution, like a bank statement.<input type="checkbox"/> U.S. Postal Service change of address confirmation letter.<input type="checkbox"/> Pay stub showing your address.<input type="checkbox"/> Voter registration card showing your name and address.<input type="checkbox"/> Documents from the Department of Corrections, jail, or prison showing recent release or parole, including a dated order of parole, dated order of release, or an address certification.<input type="checkbox"/> Naturalization papers signed and dated within the last 60 days or green card, Education Certificate, or visa (if you moved to the U.S. from another country).

Primary applicant name

STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event By State	Type of proof
<input type="checkbox"/> 6. Release from incarceration California	<input type="checkbox"/> Documents from the Department of Corrections, jail, or prison showing recent release or parole, including a dated order of parole, dated order of release, or an address certification.
<input type="checkbox"/> 7. Determination by the health insurance marketplace California, Colorado, Georgia, Maryland, Virginia	<input type="checkbox"/> Letter or notice from the marketplace stating you're eligible for a special enrollment period and showing determination date.
<input type="checkbox"/> 8. Contract violation Colorado	<input type="checkbox"/> Written confirmation, with date, from the Division of Insurance that the health plan in which you're enrolled has substantially violated a material provision of your contract.
<input type="checkbox"/> 9. Misinformation about coverage California	<input type="checkbox"/> Notice from the marketplace stating you're eligible for a special enrollment period and showing determination date.
<input type="checkbox"/> 10. Provider network changes California	<input type="checkbox"/> Notice from provider stating you're eligible for a special enrollment period and showing determination date.
<input type="checkbox"/> 11. Losing a dependent through divorce, dissolution of domestic partnership, or legal separation California, Maryland	<input type="checkbox"/> Divorce decree, dissolution agreement, or separation agreement with court filing date stamp.
<input type="checkbox"/> 12. Death of the subscriber or dependent California, Maryland	<input type="checkbox"/> Death certificate.

Primary applicant name

STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event By State	Type of proof
<input type="checkbox"/> 13. Change in eligibility for federal financial assistance through the health insurance marketplace California, Colorado, Georgia, Maryland	<input type="checkbox"/> Most recent eligibility determination from the marketplace showing determination date.
<input type="checkbox"/> 14. Change in eligibility for employer health coverage California, Colorado, Georgia, Maryland	<input type="checkbox"/> Letter from employer stating change in minimum essential health coverage and showing determination date. <input type="checkbox"/> Letter or other document from your employer stating that the employer changed or will change coverage or benefits for you or for your spouse or dependent family member, so it's no longer considered qualifying health coverage, and the date when this coverage or benefits changed or will change.
<input type="checkbox"/> 15. Enrollment in Charitable Health Coverage Program through a Community Partner Georgia	<input type="checkbox"/> Letter from Community Partner verifying enrollment.

By submitting a signed application, Subsidy Eligibility Form, and proof of your qualifying life event, you're saying that the qualifying life event happened. It's important that we get proof of your qualifying life event. We will rely on your signature and proof to decide if you can enroll during a special enrollment period. If we decide that the qualifying life event didn't happen, we may take legal action. The legal action may include but is not limited to canceling your coverage retroactively to the day it started. You may also be responsible for the cost of any services that you got.

In California, KFHP plans are offered and underwritten by Kaiser Foundation Health Plan, Inc., One Kaiser Plaza, Oakland, CA 94612 • In Colorado, all plans are offered and underwritten by Kaiser Foundation Health Plan of Colorado, 10350 E. Dakota Ave., Denver, CO 80247 • In Georgia, all plans are offered and underwritten by Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Rd. NE, Atlanta, GA 30305 • In Maryland, Virginia, and the District of Columbia, all plans are offered and underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., 2101 E. Jefferson St., Rockville, MD 20852.