

Marketplace Special Enrollment Confirmation Process: Initial Verification Selection Notice (Loss of minimum essential coverage)

Beginning in March 2016, consumers who applied for Marketplace coverage were required to acknowledge that they might be asked to provide documentation to verify eligibility for a Special Enrollment Period (SEP). This letter is the notice consumers may receive to provide this documentation if they applied and enrolled in Marketplace coverage through one of the following 5 SEPs between March 2016 and June 17, 2016:

- Loss of minimum essential coverage
- Change in primary place of living (“Permanent Move”)
- Birth
- Gaining a dependent through adoption, placement for adoption, placement in foster care, or a child support or other court order
- Marriage

As of June 18, consumers who applied for coverage and qualified for one of these 5 SEPs have received an Eligibility Determination Notice (EDN) that explains they must submit documentation. This information is also in the “Application Details” section of their applications.

The following Initial Verification Selection Notice is for an individual or family who appears to be eligible for a Special Enrollment Period because of a loss of minimum essential coverage.

Insert: Date

Insert: Household Contact Name
Insert: Consumer Mailing Address

Important: Action is required no later than [insert doc submission deadline] to keep your Marketplace coverage

Application Date: [Insert: Application date]
Application ID: [Insert: Application ID]

Dear Insert Household Contact Name:

You reported a change or life event that allowed you and others in your household to enroll in Marketplace coverage through a Special Enrollment Period. When you applied, you were notified that you might be asked to provide documentation to verify eligibility for a Special Enrollment Period.

According to your application, the following individual(s) lost, or was going to lose, health coverage in the 60 days before or after you submitted your application:

[Insert name of person #1 who triggered SEP]

[Insert name of person #2 (if any) who triggered SEP]

The Marketplace is reviewing your eligibility for a Special Enrollment Period. This means **you must send the Marketplace proof that the individual(s) listed above lost or will lose qualifying health coverage**, such as a job-based plan, individual health plan bought outside the Marketplace, student health plan, a parent's plan, Medicaid, Medicare, or TRICARE within the 60 days before or after the date you submitted your application.

IMPORTANT: Your deadline to send proof is **[bold insert due date]**. If you don't send in copies of documents to prove eligibility for this Special Enrollment Period by **[bold insert due date]**, you may lose your Marketplace coverage.

What should I do next?

1. Look at the list of examples of acceptable documents below that can be used to verify your eligibility for your Special Enrollment Period. Send us a copy (not the original) of a document(s) that proves your eligibility for your Special Enrollment Period.

Examples of Acceptable Documents You Can Submit to Prove Someone Lost, or Will Lose, Qualifying Health Coverage

- Letter or other document from an employer stating that the employer dropped or will drop coverage or benefits for the employee or employee's spouse or dependent family member, including the date coverage ended or will end.
- Letter or other document from an employer stating that the employer stopped or will stop contributing to the cost of coverage.
- Letter or other document from an employer stating that the employer changed or will change coverage or benefits for the employee, or for the employee's spouse or dependent family member, so it's no longer considered qualifying health coverage.
- Letter showing an employer's offer of COBRA coverage, or stating when the employee's COBRA coverage ended or will end.
- Letter from health insurance company showing a coverage termination date, including a COBRA coverage termination date.
- Proof that you had qualifying health coverage within the last 60 days, like a pay stub showing deductions for health insurance.
- Letter from school stating when student health coverage ended or will end.
- Letter or notice from Medicaid or the Children's Health Insurance Program (CHIP) stating when Medicaid or CHIP coverage ended or will end.
- Letter or notice from a government program, like TRICARE, Peace Corps, AmeriCorps, or Medicare, stating when that coverage ended or will end.
- Dated copy of 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 active duty military.
- Divorce or annulment papers that include the date of ending responsibility for providing health coverage.

- Death certificate or public notice of death that includes proof of the date that you lost or will lose coverage due to the death of a spouse or other family member.
- Dated and signed copy of written verification from an agent or dated letter from the issuer, if you are or were enrolled in a non-calendar year plan that's ending.
- Copy of pay stubs of both current and previous hours if a reduction in work hours caused you to lose coverage.
- Letter of explanation about the coverage you had, why and when you lost or will lose it, and the reason you can't provide any other documents proving you're eligible for a Special Enrollment Period. The Marketplace will take your letter into consideration.

2. Mail the document copy to the following address:

Health Insurance Marketplace
Attn: Coverage Processing
465 Industrial Blvd.
London, KY 40750-0001

When you mail the document copy, be sure to include the printed bar code page that came with this notice in the same envelope. Also, please write your full name and **"Application ID [bold insert Application ID]"** on the top of each document.

3. Mail the document copy and bar code page by **[bold insert due date]** or you may lose your Marketplace health coverage.

Important information to remember

- Your Marketplace health coverage will remain in effect while we review your document(s). You may use your coverage during this time.
- Once your documentation has been reviewed, you will be sent a notice in the mail informing you of the results. The Special Enrollment Period eligibility notices won't be available electronically or online in your Marketplace account on HealthCare.gov.

For more help

- Visit HealthCare.gov, or call the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325. You can also make an appointment with an assister who can help you in person, near where you live. Information is available at

LocalHelp.HealthCare.gov.

- Get language assistance services. If you need language assistance in a language other than English, you have the right to get help and information in your language at no cost. You can call the Marketplace Call Center to get information on these services.
- Call the Marketplace Call Center to request a reasonable accommodation if you have a disability. These accommodations are available and provided at no cost to you.

Sincerely,

Health Insurance Marketplace
Department of Health and Human Services
465 Industrial Boulevard
London, Kentucky 40750-0001

Privacy Disclosure: The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that you have provided (see [Healthcare.gov/privacy/](https://www.healthcare.gov/privacy/)). This notice was generated by the Marketplace based on 45 CFR 155.230 and 45 CFR part 155, subpart D. The PII used to create this notice was collected from information you provided to the Health Insurance Marketplace. The Marketplace may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1207.

Nondiscrimination: The Health Insurance Marketplace doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

This Notice has Important Information. This notice has important information about your application or coverage through the Health Insurance Marketplace. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-800-318-2596 and wait through the opening. When an agent answers, state the language you need and you'll be connected with an interpreter.

ال صحي ال تأمين سوق خلال من ت غط ي تك او ط ل بك ب خصوص همة معلومات على الا شعاع هذا ي د توي (Arabic) ال هري ية قد الا شعاع هذا في ال رد ي سدية ال توار ي خ عن اب حث في الحق لك ك ال يفالت في ل لمساعدة او ال صدية ت غط ي تك على ل ل د فاطم مينة مواء يد في اجراء ات خاذا الى ت د تاج اي دون من ب لغتك المساعدة وعلى المعلومات هذه على ال حصول ال لغة ب تحديد د قم المم ثل ي ج ي بك عندما الاف ت تادية سماعتك عند ان تظرو و 1-800-318-2596 ب الرقم ات صل ب كلفة ب الم ترجم و صدك سد يجري و ت د تاج ال تي

中文 (Chinese) 本通知包含您通过健康保险市场的申请或保险范围方面的重要信息。查阅本通知中的重要日期。您可能需要在某些截止日期前采取行动以续保或有助于节省某些费用。您有权免费获取本信息以及

您所使用的语种帮助。请致电 1-800-318-2596 并聽完全部錄音。當有代表接聽時，請說明您所需的语种，屆時將有譯員與您聯繫。

Français (French) Cet avis contient des informations importantes concernant votre demande ou votre couverture à travers le Marché d'assurance maladie. Recherchez les dates clés dans le présent avis. Vous pourrez avoir besoin de prendre des mesures avant certaines dates limites afin de garder votre couverture santé ou de vous aider avec les coûts. Vous avez le droit d'obtenir ces informations et de l'aide dans votre langue sans frais. Appelez le 1-800-318-2596 et appuyez sur « 0 » à deux reprises attendre à travers l'ouverture. Quand l'agent répond indiquez la langue dont vous avez besoin et vous serez mis en relation avec un interprète.

Kreyòl (French Creole) Avi sa a gen enfòmasyon enpòtan sou aplikasyon w lan oswa pwoteksyon atravè Health Insurance Marketplace la. Gade pou datkle nan avi sa a. Ou ka bezwen pran aksyon pa yon sèten dat limit pou ou kenbe asirans sante ou oswa èd ak depans yo. Ou gen dwa pou ou jwenn enfòmasyon sa a akèd nan lang ou sanpa sa pa koute ou anyen. Rele 1-800-318-2596 epi rete tann ouvèti an. Lè yon ajan reponn, di lang ou bezwen an epi ou pral konekte ak yon entèprèt.

Deutsch (German) Diese Benachrichtigung enthält wichtige Informationen zu Ihrem Antrag oder Versicherung durch den Health Insurance Marketplace. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie müssen möglicherweise bis zu bestimmten Stichtagen handeln, um Ihre Krankenversicherung aufrechtzuerhalten oder Hilfe mit Kosten zu erhalten. Sie haben das Recht, diese Informationen und Hilfe in Ihrer Sprache kostenlos zu erhalten. Rufen Sie 1-800-318-2596 an und warten Sie die Ansage ab. Wenn sich ein Mitarbeiter meldet, wählen Sie die Sprache aus, die Sie benötigen und Sie werden mit einem Dolmetscher verbunden.

ગુજરાતી (Gujarati) આ સૂચનામાં આરોગ્ય વીમા માર્કેટપ્લેસના સમારકમે તમારી અરજી અથવા સવવગાહી વીમો

વવશેની મહત્વની માહતી છે. આ સૂચનામાં મહત્વની તારીખો માટે જુઓ.

તમે તમારા આરોગ્ય આવી લેવા અથવા ખર્ચ વામાં મદદ કરવા માટે અમુક ચોક્કસ વનવિત સમય ને હદમાં

ધ્યાનમાં રાખીને પગલાં લેવાની જરૂર પડે છે.

મને કોઈપણ ખર્ચ વવવના તમારી ભાષામાં આજાણ કરી અને મદદ મેળવવાનો અવિર્કાર છે. 1-800-318-2596 અને શરૂઆતના મારફતે રાહ જુઓ. એક એજન્ટ જવાબ આપે, ત્યારે તેમને તમે જરૂરી ભાષા જણાવો અને તમને દુભાવણો સાથે જોડવામાં આવશે.

Italiano (Italian) Questo avviso contiene importanti informazioni. Questo avviso contiene importanti informazioni riguardo la sua richiesta o copertura assicurativa tramite l'Health Insurance Marketplace. Controlli le date più importanti di questo avviso. Potrebbe avere la necessità di compiere alcune azioni al fine di conservare la sua copertura medica o per ridurre i costi. Ha il diritto di ricevere queste informazioni ed assistenza nella sua lingua senza costi aggiuntivi. Chiami all'1-800-318-2596 e resti in attesa del primo operatore disponibile. Quando un nostro operatore risponderà, comunichi la lingua di cui ha bisogno e sarà collegato/a con un interprete.

日本語(Japanese) この通知には重要な情報が含まれています。この通知には、Health Insurance Marketplace 経由のアプリケーションまたは補償範囲に関する重要な情報が含まれます。この通知では、重要な期日について確認してください。補償範囲や費用サポートを維持するには、指定の期日までにご対応いただく必要がある場合があります。これらの情報を無料で取得する権利および希望の言語でサポートを受ける権利があります。1-800-318-2596 にお問い合わせいただき、つながるまでお待ちください。エージェントにつながりましたら、必要とする言語をお伝え下さい。通訳者とつながります。

April 2016

한국어 (Korean) 이 통지서에는 건강 보험 시장을 통한 귀하의 신청이나 보험 커버리지에 관한 중요한 정보가 포함되어 있습니다. 이 통지서에 나타난 중요한 날짜들을 잘 찾아 보십시오. 귀하는 귀하의 보험 커버리지를 계속 유지시키거나 경비를 절감하는 도움을 얻기 위해서 일정한 마감일 까지 필요한 조치를 취해야 할 수도 있습니다. 귀하는 귀하의 언어로 이 정보와 도움을 무료로 받을 수 있는 권리가 있습니다. 1-800-318-2596 로 전화하시고 시작하기 전에 기다리십시오. 직원이 전화를 받으면 귀하가 필요한 언어를 말씀하십시오. 그러면 통역사와 연결될 것입니다.

Polski (Polish) To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku o ubezpieczenie lub polisy zdrowotnej zakupionej przez Rynek Ubezpieczeń Zdrowotnych. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby przy podejmowaniu ewentualnych decyzji dotyczących odnowienia polisy lub pomocy związanej z kosztami, nie przekroczyć terminów. Macie Państwo prawo do bezpłatnej informacji we własnym języku. W tym celu prosimy o telefon pod numer 1 800 318 2596, następnie proszę poczekać na zgłoszenie się operatora i wypowiedzenie preferowanego języka a rozmowa zostanie przełączona do tłumacza.

Português (Portuguese) Este aviso contém informações importantes sobre sua aplicação ou cobertura ao longo do Mercado de Planos de Saúde (Health Insurance Marketplace). Observe as datas importantes nesse aviso. Você poderá precisar tomar medidas, até determinados prazos, para manter sua cobertura médica ou ajuda de custo. Você tem o direito de obter tais informações e auxílio em seu idioma, sem custo algum. Ligue para 1-800-318-2596 e espere através da introdução. Quando o agente atende, afirme o idioma que precisa e você será transferido para um intérprete.

Русский (Russian) В настоящем уведомлении содержится важная информация о вашей страховке через рынок медицинского страхования. Вы можете найти важные даты в данном уведомлении. Возможно, вам придется предпринять некоторые действия к конкретным срокам, с тем, чтобы сохранить вашу медицинскую страховку или финансовую помощь на медицинские расходы. Вы имеете право на получение этой информации и помощи на родном языке бесплатно. Позвоните по номеру 1-800-318-2596 и прослушайте вступительную информацию до конца. Когда ответит агент, укажите необходимый язык, и вас соединят с переводчиком.

Espa - I (Spanish) Este aviso contiene información importante sobre su solicitud o la cobertura que tiene a través del Mercado de Seguros Médicos. Consulte las fechas importantes que figuran aquí. Es probable que deba tomar medidas antes de algunas fechas clave para mantener su cobertura de salud o seguir recibiendo ayuda para pagar los costos. Usted tiene derecho a recibir esta información y asistencia en su idioma en forma gratuita. Llame al 1-800-318-2596 y espere a través de la introducción. Cuando el agente atiende, indique el idioma que necesita y lo pondrán en comunicación con un intérprete.

Tagalog (Tagalog) Ang paunawa na ito ay may nilalamang mahalagang impormasyon tungkol sa iyong aplikasyon o kaseguruhan sa pamamagitan ng Health Insurance Marketplace. Tingnan ang mga mahalagang petsa sa paunawang ito. Maaring mangailangang gumawa ka ng hakbang sa loob ng mga itinakdang petsa upang mapanatili ang iyong kaseguruhan pangkalusugan o makatanggap ng tulong sa mga gastos. Mayroon kang karapatang makuha ang impormasyon na ito at tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-318-2596 at maghintay ng pagkakataong mabuksan ang linya. Kapag sumagot ang isang ahente, sabihin ang kailangan mong wika at ikaw ay iuugnay sa isang tagapagsalin sa Tagalog.

Tiếng Việt (Vietnamese) Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm của chương trình Thị trường bảo hiểm sức khỏe Marketplace. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi 1-800-318-2596 và đợi nghe hết lời mở đầu do máy nói. Cho tới khi gặp một nhân viên trả lời, xin nói ngôn ngữ của mình là gì và quý vị sẽ được kết nối với một thông dịch viên__