



MEDICAL MUTUAL®

Special Enrollment Guidelines for Qualifying Events

Event	Triggering Event Date	Required Documentation
Termination of employment ¹	Date eligibility for existing Minimum Essential Coverage is lost	Letter from employer on company stationery and signed by company officer. Letter must state employee's name and verify date coverage was terminated.
Reduction in hours worked ¹	Date eligibility for existing Minimum Essential Coverage is lost	Letter from employer on company stationery and signed by company officer. Letter must state employee's name and verify date of reduction in hours.
Divorce or legal separation ¹	Date eligibility for existing Minimum Essential Coverage is lost	One of the following may be used: <ul style="list-style-type: none"> • Letter from employer/carrier on company stationery and signed by company officer. Letter must verify date coverage was terminated and caused by loss of eligible dependent status. • Copy of divorce decree along with proof verifying date prior coverage was terminated.
Death of spouse/parent ¹	Date eligibility for existing Minimum Essential Coverage is lost	Letter from employer/carrier on company stationery and signed by company officer. Letter must verify date coverage was terminated and caused by loss of eligible dependent status.
Dependent reaching limiting age ¹	Date eligibility for existing Minimum Essential Coverage is lost	Letter from employer/carrier on company stationery and signed by company officer. Letter must verify date coverage was terminated and caused by loss of eligible dependent status.
No longer qualify for Medicaid or Children's Health Insurance Program (CHIP) ¹	Date eligibility for existing Minimum Essential Coverage is lost	Termination of coverage letter for Medicaid or CHIP. Letter must include termination date.
Expiration of COBRA benefits ¹	Date eligibility for existing Minimum Essential Coverage is lost	Documentation of COBRA expiration. Letter must include termination date.
Marriage ¹ *	Date of marriage	Marriage license
Birth ² *	Date of birth	None (date of birth should be entered on application)
Adoption ² *	Date of adoption	Adoption papers/legal guardianship papers
Placement for adoption ² *	Date of placement	Adoption papers/legal guardianship papers
Placement into foster home ² *	Date of placement	Legal guardianship papers
Child support or other court order ² *	Date order is issued	Copy of child support or other court order, which displays date order was issued and names of parties involved.
I moved to Ohio ³	Date of permanent move	Proof of medical coverage within the last 60 days and one of the following items for both your prior and new addresses: <ul style="list-style-type: none"> - Utility bill - Lease agreement - Mortgage paperwork - Letter from employer if move based on employment.
I moved within the state of Ohio. Please Note: Not all moves qualify for a special enrollment period. ³	Date of permanent move	Proof of medical coverage within the last 60 days and one of the following items for both your prior and new addresses: <ul style="list-style-type: none"> - Utility bill - Lease agreement - Mortgage paperwork - Letter from employer if move based on employment.
Newly ineligible for federal subsidy ³	Date notified of new eligibility status	Newly ineligible for subsidy, the individual may apply in the off-exchange market. Medical Mutual will require termination of subsidy document, which must include the date the subsidy will terminate.

Additional notes provided on other side.

Existing individual policy being terminated ^{1,4} (not including termination in cases of rescission or non-payment)	Date policy will be terminated	Copy of termination letter, which displays date of termination.
Existing individual non-calendar year (1/1 effective date) renewal ¹	Date renewal is effective	Copy of renewal, which displays renewal effective date.
Employer ceases to offer employer sponsored group health coverage including the employer terminating employer contributions ¹	Date eligibility for existing Minimum Essential Coverage is lost	Letter from employer on company stationery and signed by company officer. Letter must state employee's name and verify date coverage was terminated.

Additional Notes

Applications without a qualifying special enrollment event are not eligible for coverage outside the annual open enrollment period. For many events, coverage will not be effectuated on the date of the event in accordance with individual marketplace rules. All ACA Individual policies must renew effective January 1.

Minimum Essential Coverage: as defined by healthcare.gov, is the type of coverage an individual needs to have to meet the individual responsibility requirement under the Affordable Care Act. This includes individual market policies, job-based coverage, Medicare, Medicaid, CHIP, TRICARE and certain other coverage.

Dependent Limiting Age: to be considered eligible dependents, children's ages must fall within the age limit specified in the Schedule of Benefits. When a child reaches the limiting age for their current plan and is terminated from their existing coverage, this may cause a special enrollment event.

Time Limit: The applicant has 60 days from the triggering event date to apply for coverage. Applications received outside the eligible time limit of the triggering event will not be accepted.

Effective Dates:

¹ Coverage will become effective on the first day of the following month after complete enrollment materials (including event documentation) are received.

² Coverage will become effective on the date of birth, adoption, placement for adoption or placement into a foster home.

³ If complete enrollment materials (including event documentation) received between:

- 1st and 15th day of month, coverage effective on 1st day of the following month.
- 16th and last day of the month, coverage effective on 1st day of the second following month.

The date all required materials are received by Medical Mutual will be considered the submission date to determine eligibility and effective date.

Enrollment Notes

⁴ Voluntary termination of an existing individual policy not in connection with a renewal does not create a special enrollment event.

* **Marriage and Adding a Dependent:** these qualifying events qualify individuals to enroll in coverage even if individuals do not currently have coverage.

Please note the above rules apply to the off-exchange marketplace. Final determination of effective dates for on-exchange policies are determined by the Department of Health and Human Services (HHS).