

## Special enrollment – Qualifying life event guidelines

All SEP enrollees are required to provide documentation of their Qualifying Life Event (QLE) according to the chart below. Brokers should collect this documentation from their client at the time of signing, review for validity, and submit to their General Agent along with this application. All documentation will be audited by Oscar. All submitted documents must be dated and include the member's name. E-mails are not an acceptable form of documentation. We will accept documents via E-mail; however, we cannot accept the E-mail itself as a form of proof. Oscar reserves the right to request additional documentation.

Qualifying event	Required Documentation	Effective date of coverage
<b>Loss of minimal essential coverage</b>		
Lost your job (voluntarily or involuntarily)	Members are required to submit BOTH... 1. Termination notice from prior insurer that states reason for loss of coverage (i.e. reason must be loss of employment)  AND  2. Letter from employer indicating loss of employment and coverage	Either: <ul style="list-style-type: none"> <li>• 1st of the month following event, or</li> <li>• 1st of month following date Oscar receives application</li> </ul>
Employer stopped offering health insurance	<ul style="list-style-type: none"> <li>• Termination notice from prior insurer</li> <li>• Letter from employer indicating loss of coverage</li> </ul>	
Insurance through employer is no longer affordable	<ul style="list-style-type: none"> <li>• Current Pay stub</li> <li>• Premium invoice from prior carrier</li> <li>• Federal tax returns</li> </ul>	
Insurance through employer no longer meets minimum essential coverage guidelines	<ul style="list-style-type: none"> <li>• Termination notice from prior insurer</li> <li>• EOB of new insurer</li> </ul>	
Aging out	Letter from prior carrier indicating a person is aging out	
Divorce, annulment, legal separation, or end of domestic partnership	Copy of divorce decree	
Death of a spouse	Copy of death certificate	
COBRA coverage terminated	Letter from COBRA administrator or prior carrier indicating loss of COBRA coverage	
No longer eligible for Medicaid or Child Health Plus	Letter from Medicaid/CHP indicating loss of coverage	
No longer eligible for student health coverage	<ul style="list-style-type: none"> <li>• Proof of coverage from prior insurer</li> <li>• Proof of University terminating coverage</li> </ul> Note: E-mails from the university are acceptable for QLE proof	

Qualifying event

Required Documentation

Effective date of coverage

Non-loss of coverage events

<p>Permanent move/relocation from outside of Oscar's coverage area and/or from another state AND had minimum essential coverage for one or more days in the 60 days prior to the move</p>	<p>Members are required to submit BOTH...</p> <p>1. Proof of prior insurance by providing a disenrollment notice from the prior insurer</p> <p>AND</p> <p>2. Proof of prior residential address AND new residential address. Proof must be dated. Recommended documentation:</p> <ul style="list-style-type: none"> <li>• Mortgage Bill</li> <li>• Renter's Agreement with new residential address and occupancy date</li> <li>• Driver's License with new residential address</li> <li>• Utility Bill (electric, gas, phone, cable, internet) with new residential address showing service start up charges</li> <li>• Postal Service change of address receipt (old address/new address/effective date)</li> <li>• Moving company receipt (indicates prior and current addresses)</li> <li>• Proof of residence from new address must be from within the previous 60 days</li> </ul>	<p>1st of month following the move, or 1st of month following date Oscar received application (whichever is later)</p>
<p>Permanent move/relocation from another country to Oscar's coverage area</p>	<p>Members are required to submit BOTH...</p> <p>1. Prior residential address</p> <p>AND</p> <p>2. Dated proof of moving/returning to US Residential address by providing ONE of the following:</p> <ul style="list-style-type: none"> <li>• Copy of Naturalization Papers</li> <li>• Copy of Green Card, VISA</li> <li>• Copy of US passport with date stamp of returning to US</li> <li>• Green card</li> <li>• Educational Certificate from originating country (within 90 days)</li> <li>• Specific types of Visa are unacceptable: B1, B2, GB, GT, H-2A, H-2B, H-3, H-4, WB, WT</li> </ul>	
<p>Gained a dependent through marriage or domestic partnership</p>	<p>Copy of marriage certificate or certificate of domestic partnership. If domestic partnership registration does not exist in coverage area, please see Oscar's off exchange certificate of coverage for alternate means of establishing proof of domestic partnership.</p>	<p>1st of month following date Oscar receives application</p>

Qualifying event

Required Documentation

Effective date of coverage

Non-loss of coverage events (continued)		
Gained a child dependent or became a child dependent through birth, adoption, placement for adoption, a child support order or another court order	Copy of birth/adoption certificate or proof of birth from hospital reflecting date of birth. Copy of court order or child support order.	<p>If Oscar receives notice of birth/adoption within 60 days of birth, member may choose effective date:</p> <ul style="list-style-type: none"> <li>• 1st of month in which event occurs,</li> <li>• 1st of month following event,</li> <li>• 1st of following month after plan selection if that is later than the first two options.</li> </ul> <p>If Oscar receives notice after 60 days, coverage begins on the 1st of month in which Oscar receives the application.</p>
Pregnancy	Certification from healthcare provider	1st of month in which you become certified as pregnant, or 1st of month following certification
Released from incarceration	Proof of release from incarceration	<p>If signup is between 1st-15th of month: 1st of month following date Oscar receives the application</p> <p>If signup is between 16th-end of month: 1st of 2nd month following date Oscar receives the application</p>
Became lawfully present	Proof of lawfully present status. Please see: <a href="https://www.healthcare.gov/immigrants/lawfully-present-immigrants/">healthcare.gov/immigrants/lawfully-present-immigrants/</a> for more details	
Member of a federally recognized Indian tribe	Proof of status	
Enrollment or non-enrollment in another qualified health plan was unintentional, inadvertent or erroneous and was the result of the error, misrepresentation, or inaction of an officer, employee, or agent of a health plan or the Exchange	Letter from Exchange verifying eligibility to enroll in a new plan	
Can demonstrate another qualified health plan in which prospective member was enrolled substantially violated a material provision of its contract.	Letter from Exchange verifying eligibility to enroll in a new plan	