# Individual ACA Special Enrollment Periods

Outside of the annual open enrollment period each fall, you can apply for insurance or make changes to your existing insurance only if you have a major life change such as marriage, divorce, the loss of a job or the birth of a child. This is called special enrollment. You have 60 days from the event to apply. If you are applying for coverage using a special enrollment, please provide appropriate documentation per the list below.

| Which of these applies to you? | Include the following proof document(s): |
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| You have a new dependent(s) through birth, adoption or placement for adoption, or marriage. If marriage, you or your spouse also must have either:<br>• had minimum essential coverage for at least one of the 60 days immediately before marriage, or<br>• been living in a foreign country or U.S. territory for at least one of the 60 days immediately before marriage or be an Indian as defined in federal law. | • Copy of state-issued birth certificate; adoption or placement papers; or marriage certificate.<br><br>For marriage, provide a copy of the filed marriage certificate, plus one of the following, according to your situation:<br>• Proof of medical coverage or other creditable coverage.<br>• A copy of a utility bill in your name from your **prior address** dated within the last 60 days (if you got married and moved from a foreign country or U.S. territory).<br>• Tribal ID card (if you are Indian as defined in federal law). |
| You lost group coverage due to: death of employee; termination of job; reduction in work hours; divorce; Medicare entitlement; loss of dependent child status; or bankruptcy of employer due to Chapter 11 filing. | • Employer letter on company letterhead, Certificate of Coverage or other proof of medical coverage termination date.<br>And<br>• Letter from employer, on company letterhead, indicating your Qualifying Event and Qualifying Event Date |
| You lost minimum essential coverage as defined in federal law, including, but not limited to, most government-sponsored programs (for example, Medicare, Medicaid, CHIP), employer-sponsored plans, and Individual plans in the state (except due to nonpayment of premium or fraud/intentional material misrepresentation). | • Employer letter on company letterhead, Certificate of Coverage or other proof of medical coverage termination reason. If this reason is due to divorce, please provide a copy of the filed divorce decree. |
| You enrolled or did not receive coverage on a Qualified Health Plan due to an error by the Marketplace, the Qualified Health Plan, or Health and Human Services. | • Documentation from the Marketplace finding error. |
| Your Qualified Health Plan violated your contract. | • A copy of the contract showing the provision that was violated.<br>• Proof of the violation. |
| You're newly eligible or ineligible for advance payment of premium tax credit, or your eligibility for cost-sharing reductions changed. | • Letter from Health and Human Services, the IRS or the Marketplace reflecting the change. |

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| You had a permanent move and:<br>• gained access to a new qualified health plan, and<br>• had minimum essential coverage for at least one day of the 60 days immediately before your move, or<br>• you were living in a foreign country or a U.S. territory immediately before your move | • Proof of medical coverage or other creditable coverage.<br>• A copy of a utility bill in your name from your **prior address** dated within the last 60 days.<br>• Any two documents that show your home address:<br>— A valid picture ID showing your home address:<br>• North Dakota driver's license<br>• North Dakota state-issued ID card<br>• Tribal ID card<br>• Military ID card<br>— Utility bill for services received for your current residence (examples: gas, water or electric bill) not older than 60 days. Must include:<br>• date of service<br>• service address<br>• mailing address<br>— Signed rental agreement for current residence (signed by the tenant and landlord)<br>• If you are submitting a month-to-month lease, it must be signed within 60 days of application<br>— Current student enrollment or letter from college/university registrar noting residence address |
| Newly gain access to an individual coverage health reimbursement arrangement (ICHRA) or are newly provided a qualified small employer health reimbursement arrangement (QSEHRA). | • Employer letter, on company letterhead, with confirmation that this is your initial individual coverage health reimbursement arrangement (ICHRA) or qualified small employer health reimbursement arrangement (QSEHRA) offer, and the effective date of the ICHRA participation or QSEHRA policy. |

Please refer to the application for information on how to submit your documentation to Individual Underwriting.