

2018 SPECIAL ENROLLMENT PERIOD GUIDELINES

If you are applying for coverage outside of Open Enrollment, please check the box next to your QLE, and note the timeline to apply, effective date of coverage, and other requirements.

	Qualifying Life Event (QLE)	Timelines to Apply	Effective Date of Coverage	Prior Coverage Requirements	Required Documentation
<input type="checkbox"/>	Loss of existing creditable coverage for any reason other than fraud, misrepresentation, or failure to pay a premium. This includes termination of the CHP+ Program.	Up to 60 days before and 60 days after the effective date of the loss of coverage	First of the month following the QLE if applying on or before the event; or first of the month following application if applying in the 60 days after the event	None	(a) Written confirmation of the loss of coverage; (b) An official letter or other notice from an employer or sent on behalf of an employer providing notice of eligibility for COBRA or for state continuation benefits; (c) Official documentation for loss due to exhaustion of COBRA or state continuation benefits; or (d) A letter confirming such loss from the Division
<input type="checkbox"/>	Loss of pregnancy-related Medicaid coverage	Up to 30 days before and 60 days after the effective date of the loss of coverage	First of the month following the QLE if applying on or before the event; or first of the month following application if applying in the 60 days after the event	None	Written confirmation of the loss of coverage
<input type="checkbox"/>	Loss of other coverage as described under section 1902(a)(10)(C) of the Social Security Act (42 U.S.C. §301 et seq.)	Once per calendar year, up to 60 days before and 60 days after the effective date of the loss of coverage	First of the month following the QLE if applying on or before the event; or first of the month following application if applying in the 60 days after the event. Must be an appropriate date based upon the circumstances.	None	Written confirmation of the loss of coverage
<input type="checkbox"/>	Gaining or becoming a dependent through marriage, civil union, birth, adoption, or placement for adoption, placement in foster care, through a child support order or other court order, or by entering into a designated beneficiary agreement ("DBA")	Up to 30 days before and 60 days after the event	<p>Marriage or civil union: First of the month following the QLE if applying on or before the event; or first of the month following application if applying in the 60 days after the event</p> <p>Birth, adoption, placement for adoption, or placement in foster care: Either the date of the event or the first of the month following the event, if requested by the primary policyholder</p> <p>Court Order: On the date the court order is effective; or, if requested by the primary policyholder: the first of the month following the event if applying between the 1st and the 15th of the month; or the first of the following second month if applying between the 16th and the last day of the month.</p> <p>Must be an appropriate date based upon the circumstances.</p>	<p>Marriage or civil union: At least one individual must have had minimum essential coverage for at least 1 or more days during the 60 days immediately preceding the date of the QLE.</p>	<p>Marriage or civil union: Marriage license or common law documentation</p> <p>Birth, adoption, placement in foster care: Birth certificate, adoption documents, or foster care documents</p> <p>Court order or DBA: Court order or DBA</p>

	Qualifying Life Event (QLE)	Timelines to Apply	Effective Date of Coverage	Prior Coverage Requirements	Required Documentation
<input type="checkbox"/>	Enrollment or non-enrollment in a health benefit plan that is unintentional, inadvertent or erroneous and is the result of an error, misrepresentation, or inaction of the carrier, producer, or the Exchange	Up to 30 days before and 60 days after the event	First of the month following the QLE if applying on or before the event; or first of the month following application if applying in the 60 days after the event	None	Written documentation that sufficiently demonstrates that the enrollment or non-enrollment was unintentional, inadvertent or erroneous and is the result of an error, misrepresentation, or inaction of the carrier, producer, or the Exchange
<input type="checkbox"/>	Demonstrating to the Commissioner that the health benefit plan in which the individual or his/her dependent is enrolled has substantially violated a material provision of its contract in relation to the individual or his/her dependent	Up to 30 days before and 60 days after the event	First of the month following the QLE if applying on or before the event; or first of the month following application if applying in the 60 days after the event	None	Letter confirming eligibility for a special enrollment period from the Colorado Insurance Commissioner or the Colorado Division of Insurance
<input type="checkbox"/>	Gaining access to other creditable coverage as a result of a permanent change in residence	Up to 30 days before and 60 days after the event	First of the month following the QLE if applying on or before the event; or first of the month following application if applying in the 60 days after the event	At least one individual must have had minimum essential coverage for at least 1 or more days during the 60 days immediately preceding the date of the QLE; or, the individual must have lived outside of the United States or in a United States territory for 1 or more days during the 60 days preceding the date of the event	(a) Proof of change of address provided to, and acknowledged by, the U.S. Postal Service; (b) A copy of a lease or purchase agreement listing the new address; (c) A copy of utility bills listing the new address; or (d) A copy of a driver's license listing the new address Documentation must show both the previous address and the new address in order to demonstrate that the individual gained access to new coverage as a result of the move.
<input type="checkbox"/>	A parent or legal guardian disenrolling a dependent, or a dependent becoming ineligible for the Child Health Plan Plus (CHP+)	Up to 30 days before and 60 days after the event	First of the month following the QLE if applying on or before the event; or first of the month following application if applying in the 60 days after the event	None	Written confirmation of the loss of coverage
<input type="checkbox"/>	Becoming ineligible under the Colorado Medical Assistance Act (C.R.S. § 25.5-4-101 et seq.)	Up to 30 days before and 60 days after the event	First of the month following the QLE if applying on or before the event; or first of the month following application if applying in the 60 days after the event	None	Written confirmation of the loss of coverage
<input type="checkbox"/>	An individual, who was not previously a citizen, a national, or a lawfully present individual, gaining such status	Up to 30 days before and 60 days after the event	First of the month following the QLE if applying on or before the event; or first of the month following application if applying in the 60 days after the event	None	Official documentation of the change of citizenship or immigration status

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<input type="checkbox"/>	An individual or his or her dependent currently enrolled in an individual or group non-calendar year health benefit plan may apply for enrollment in a new health benefit plan during the 60 calendar days prior to the effective date of the involuntary loss of coverage, which is the last day of the plan or policy year	Up to 60 days before and 60 days after the effective date of the loss of coverage	First of the month following the QLE if applying on or before the event; or first of the month following application if applying in the 60 days after the event	None	Written confirmation of the loss of coverage
<input type="checkbox"/>	An individual or his or her dependent enrolling in a health benefit plan for the 2018 plan year may apply for enrollment in a new health benefit plan during the 2018 special enrollment period, which is from December 16, 2017 to January 12, 2018.	During the transitional special enrollment period, December 16, 2017 to January 12, 2018	January 1, 2018 if applying between December 16 and December 31, 2017; February 1, 2018 if applying between January 1 and January 12, 2018	None	No documentation required during the transitional special enrollment period
<input type="checkbox"/>	An individual who is a victim of domestic abuse or spousal abandonment, as defined by 26 CFR § 1.36B-2T, including a dependent or unmarried victim within a household who is enrolled in creditable coverage and seeks to enroll in coverage separate from the perpetrator of the abuse or abandonment	Up to 60 days after the event	First of the month following the QLE if applying on the date of the event; or first of the month following application if applying in the 60 days after the event	None	Written documentation that sufficiently demonstrates eligibility for the special enrollment period
<input type="checkbox"/>	An individual who is a dependent of a victim of domestic abuse or spousal abandonment, on the same application as the victim, may enroll in coverage at the same time as the victim	Up to 60 days after the event	First of the month following the QLE if applying on the date of the event; or first of the month following application if applying in the 60 days after the event	None	Written documentation that sufficiently demonstrates eligibility for the special enrollment period

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<input type="checkbox"/>	An individual or his or her dependent applies for coverage during the annual open enrollment period or due to triggering event, and is assessed as potentially eligible for Medicaid or the Child Health Plan Plus (CHP+), and is determined ineligible for Medicaid or CHP+ either after open enrollment has ended or more than sixty (60) days after the triggering or qualifying event, or applied for coverage through the State Medicaid or CHP+ agency during the annual open enrollment period, and is determined ineligible for Medicaid or CHP+ after open enrollment has ended	Up to 60 days after the event	First of the month following the QLE if applying on the date of the event; or first of the month following application if applying in the 60 days after the event	None	Written documentation that sufficiently demonstrates eligibility under this QLE
<input type="checkbox"/>	An individual, or his or her dependent, who has purchased an off-Exchange plan, adequately demonstrates to the Commissioner that a material error related to plan benefits, service area, or premium influenced the qualified individual's or enrollee's decision to purchase a QHP	Up to 60 days after the event	First of the month following the QLE if applying on the date of the event; or first of the month following application if applying in the 60 days after the event	None	Written documentation that sufficiently demonstrates eligibility under this QLE
<input type="checkbox"/>	An individual, or his or her dependent, who has purchased an on-Exchange plan, adequately demonstrates to the Commissioner that a material error related to plan benefits, service area, or premium influenced the qualified individual's or enrollee's decision to purchase a QHP	Up to 60 days after the event	First of the month following the QLE if applying on the date of the event; or first of the month following application if applying in the 60 days after the event	None	Written documentation that sufficiently demonstrates eligibility under this QLE

Applying for Coverage through Connect for Health Colorado? If you are enrolled or enrolling in a plan through Connect for Health Colorado, additional Qualifying Life Events may apply, and the effective dates of coverage may vary from those listed above. For more information on Connect for Health Colorado's QLE's and effective dates, please contact their Customer Service at (855) 752-6749.