



Group Special Enrollment Period (SEP) Approval Requirements

Effective May 1, 2019

Approved SEPs, Days, Documentation Required and Effective Date Range

| SEP Reason | Days | Documentation | Effective Date |
|---|-------------|---|--|
| Birth, legal adoption, court order | 60 | Employee Enrollment/Change Form, or Birth Certificate, Adoptions Papers or Court Order | Event Date |
| Marriage | 60 | Employee Enrollment/Change Form, or Certificate of Marriage, or Other legal documentation | First of the month after Event Date, or Date of Plan Selection |
| Death | 60 | Employee Enrollment/Change Form, or Death Certificate, or Other legal documentation | Event Date |
| Employment or benefit eligibility status change | 30 | Employee Enrollment/Change Form, or Written Notification, or Statement from Employer | First of the month after plan selection |
| Medicare/Medicaid | 60 | Employee Enrollment/Change Form, or Copy of Medicare/Medicaid Card, or Eligibility Confirmation Letter from Medicare/Medicaid | First of the month after Event Date or Date of Notification |
| Termination of Benefits | 30 | Employee Enrollment/Change Form, or Reason for Termination with Notice from the Employer | First of the month after Event Date |
| Loss of other Coverage | 60 | Employee Enrollment/Change Form, or Proof of Loss of Other Coverage, or Continuity of Coverage Letter, or Certificate of Creditable Coverage, or Copy of ID Card with statement of Effective Date | First of the month after Event Date |
| Termination of Employment | 60 | Employee Enrollment/Change Form, or Written Notification, or Statement from Employer | First of the month after Event Date |
| Voluntary Termination of Benefits | 30 | Employee Enrollment/Change Form, or Written Notification, or Statement from the Employer | First of the month after Event Date |
| *Other | 30-60 | Exception Only | TBD based on reason for each exception granted |

*Other to be used in special circumstances, such Broker error or enrollment error, on a case by case basis