




## Documentation of triggering event form

 <b>Who should use this form?</b>	<p>If you have experienced a triggering event, you need to complete this form, choose your triggering event, and provide copies of supporting documents. Submit this form and your supporting documentation along with your Application for Health Coverage or Account Change Form and first month's premium (if applicable).</p>
 <b>How to use this form</b>	<p>Fill out pages 2 and 3 of this form and submit them with your documentation and your application or Account Change Form.</p> <ul style="list-style-type: none"> <li>You can submit your paper application or Account Change Form by fax or mail, or you can apply online at <a href="http://buykp.org/apply">buykp.org/apply</a>. You must submit this form and your documentation by fax or mail.           <p style="margin-left: 40px;">Mail: Kaiser Permanente for Individuals and Families P.O. Box 23219 San Diego, CA 92193-9921</p> <p style="margin-left: 40px;">To submit documentation for new applicants Fax: <b>1-866-816-5139</b></p> <p style="margin-left: 40px;">To submit documentation for Account Change Forms Fax: <b>858-614-3344</b></p> </li> <li>If you apply online, be sure to write down your application ID number. If you didn't write it down, you can log into your account to get it.</li> <li>You have <b>10 calendar days</b> (or until the end of your special enrollment period, whichever comes first) to submit this form and your supporting documentation. If you apply by mail or fax, you must submit this form and your supporting documentation together with your paper application or Account Change Form.</li> <li><b>New applicants</b>, if we don't receive this form and your supporting documentation along with your application, it may be canceled. You may reapply by submitting the form and supporting documentation, but only within your special enrollment period, and your effective date may be different.</li> <li><b>Current Kaiser Permanente members</b>, if you are making a change due to a triggering event, you must submit this form and supporting documentation with the Account Change Form within <b>10 calendar days</b> of submitting a request to make a plan change or by the end of your special enrollment period, whichever comes first. To request an Account Change Form, please call <b>1-800-494-5314</b>. (For TTY, call <b>711</b>).</li> <li>On the first page of your supporting documentation, be sure to include the following information for the primary applicant:           <ol style="list-style-type: none"> <li>1. First and last name, as listed on the application or Account Change Form</li> <li>2. Kaiser Permanente medical record number (if you have one)</li> <li>3. Home address</li> <li>4. Date of birth</li> </ol> </li> </ul>
 <b>Need help?</b>	<p>For more details about enrolling during a special enrollment period, please refer to your Enrolling During a Special Enrollment Period guide.</p> <p>For help completing this form, please call <b>1-800-494-5314</b> or contact your agent or broker. (For TTY, call <b>711</b>).</p>



# STEP 1: Application information

## Primary applicant

In an individual plan, the primary applicant is the person who will be covered by the health plan. In a family plan, the primary applicant is the family member on the health plan who is authorized to make changes to the account. If this application or Account Change Form is only for a child under 18, the child is the primary applicant.

First name

Social Security number (if you have one)

Last name

Phone

MI

Online application ID number (if you applied online)

Gender:

Male  Female

Date of birth (mm/dd/yyyy)

Home address (no P.O. boxes, please)

City

State

ZIP code

Parent/Legal guardian (if applicable) first name

Parent/Legal guardian (if applicable) last name

Agent/Broker/KPIF representative (if applicable) first name

Agent/Broker/KPIF representative (if applicable) last name

## STEP 2: Triggering-event information

Under "Loss of health care coverage," the date of the triggering event is the last full day of coverage under your prior plan.

When adding a dependent due to birth, adoption, foster care, or placement for adoption or foster care, you have 2 options for listing the date of your triggering event. Choose the date of birth, adoption, foster care, or placement for adoption or foster care, or the first day of the following month. Whichever option you choose will be your effective date.

List the number of your triggering event from Step 3 and the date of the event.

Triggering-event number from Step 3

Date of triggering event (mm/dd/yyyy)

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## STEP 3: Triggering-event information documentation

Please review the list below and see what documents you need to submit to support your triggering event. Only 1 document is required, unless otherwise noted. For instructions on submitting your documentation, see "How to use this form" on page 1 of this form.

Check 1 box for your triggering event and 1 box for the documentation you're submitting for it.

### Triggering events and documentation required (copies only)

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| <ul style="list-style-type: none"><li><input type="checkbox"/> <b>1. Loss of health care coverage</b><ul style="list-style-type: none"><li><input type="checkbox"/> Letter stating why you lost your coverage</li></ul></li><li><input type="checkbox"/> <b>2. Gaining or becoming a dependent through birth, adoption, foster care, or placement for adoption or foster care, marriage, or domestic partnership</b><ul style="list-style-type: none"><li><input type="checkbox"/> Birth certificate or</li><li><input type="checkbox"/> Letter from the medical center or birthing center showing proof of birth or documentation demonstrating birth at home</li><li><input type="checkbox"/> Adoption papers or</li><li><input type="checkbox"/> Proof of placement for adoption or foster care</li><li><input type="checkbox"/> Evidence of proof from a court, Department of Social Services, or other agency that you have been appointed as the foster parent</li><li><input type="checkbox"/> Marriage license or</li><li><input type="checkbox"/> Proof of domestic partnership</li></ul></li><li><input type="checkbox"/> <b>3. Losing a dependent through divorce, dissolution of domestic partnership, or legal separation</b><ul style="list-style-type: none"><li><input type="checkbox"/> Divorce decree, dissolution agreement, or separation agreement</li></ul></li><li><input type="checkbox"/> <b>4. Death of the subscriber or a dependent</b><ul style="list-style-type: none"><li><input type="checkbox"/> Death certificate</li></ul></li><li><input type="checkbox"/> <b>5. Child support order or other court order to cover a dependent</b><ul style="list-style-type: none"><li><input type="checkbox"/> A copy of the court order</li></ul></li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> <b>6. Permanent relocation</b><ul style="list-style-type: none"><li><input type="checkbox"/> Proof of minimum essential coverage (MEC) in the last 60 days from prior carrier and one of the following:<ul style="list-style-type: none"><li><input type="checkbox"/> Utility bill</li><li><input type="checkbox"/> Copy of rent agreement</li></ul></li></ul></li><li><input type="checkbox"/> <b>7. Change in eligibility for federal financial assistance through Covered California</b><ul style="list-style-type: none"><li><input type="checkbox"/> Copy of most recent eligibility determination from Covered California</li></ul></li><li><input type="checkbox"/> <b>8. Change in eligibility for employer health coverage</b><ul style="list-style-type: none"><li><input type="checkbox"/> Letter stating how your employer coverage changed and that you're now eligible for federal financial assistance</li></ul></li><li><input type="checkbox"/> <b>9. Determination by Covered California</b><ul style="list-style-type: none"><li><input type="checkbox"/> Notice from Covered California stating you're eligible for a special enrollment period</li></ul></li><li><input type="checkbox"/> <b>10. Release from incarceration</b><ul style="list-style-type: none"><li><input type="checkbox"/> Release order</li></ul></li><li><input type="checkbox"/> <b>11. Misinformation about coverage</b><ul style="list-style-type: none"><li><input type="checkbox"/> Notice from Covered California stating you're eligible for a special enrollment period</li></ul></li><li><input type="checkbox"/> <b>12. Provider network changes</b><ul style="list-style-type: none"><li><input type="checkbox"/> Notice from provider stating you're eligible for a special enrollment period</li></ul></li></ul> |
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By submitting a signed application or Account Change Form and supporting documentation along with this form, you are confirming that a triggering event occurred. It's important that we receive this form and your documentation because we will rely on them to determine that you're eligible to enroll during a special enrollment period. If we determine that the triggering event did not occur, we may take legal action, including, but not limited to, terminating your coverage retroactively back to the effective date of coverage. You may also be financially liable for any services that you may have received.