Qualifying Events for Special Enrollment Attestation

Sutter Health Plus
Your Health Plan

You may enroll or change your coverage outside of the annual open enrollment period if you meet one of the requirements for a qualifying event. To be considered eligible in most cases, your application for coverage due to a qualifying event must occur within 60 days of the qualifying event. An eligible individual or dependent who experiences a loss of minimum essential coverage, has 60 days prior to and 60 days following the loss of coverage to enroll. Unless otherwise indicated, coverage will become effective the first day of the month following receipt of the application.

Instructions: Select the applicable qualifying/triggering event below and complete the qualifying event details section. Be sure to sign and date the attestation and submit this form along with your Health Care Coverage Application/Enrollment/Change Form and first month premium (if applicable).

Qualifying/Triggering Events	
☐	Loss of minimum essential health care coverage due to a reason that is not your fault. For example: • Changes in employer-sponsored coverage, such as termination of employment, reduction in work hours, changes in employer premium contribution, or exhaustion of COBRA benefits. • The death of the individual responsible for coverage. • Changes in dependent status. • Termination of government-sponsored coverage, such as Medi-Cal or Access for Infants and Mothers Program (AIM). *Coverage will be effective on the first day of the month following either the date other coverage ends or the date Sutter Health Plus receives the application, whichever is later. Loss of coverage due to voluntary termination, failure to pay premiums and rescission do not qualify as triggering events.*
☐	Gain or become a dependent due to marriage or domestic partnership.
☐	Gain or become a dependent due to birth, adoption, placement for adoption or placement in foster care. Coverage will be effective on the date of the event unless you request a later effective date.
☐	Court order to provide coverage. Coverage will be effective on the date the court order is effective unless your request a later effective date.
☐	You are receiving services for one of the following conditions from a contracting provider that is no longer participating in the health benefit plan. • Acute condition • Serious chronic condition • Terminal illness • Authorized surgery or procedure • Pregnancy • Care of a newborn child between birth and age 36 months
☐	Permanent relocation into a Sutter Health Plus service area.
☐	Return from active duty service in the U.S. military reserve forces or the California National Guard.
☐	Divorce, legal separation, or dissolution of domestic partnership.
☐	Death of a dependent.

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☐	Change in eligibility for federal financial assistance through Covered California, including if your employer is changing or discontinuing your current coverage options within the next 60 days.
☐	Released from incarceration.
☐	Health coverage issuer substantially violated a material provision of the health coverage contract.
☐	Did not enroll in health coverage during the previous annual open enrollment because you were misinformed that you were covered under minimum essential coverage.
☐	Enrollment or non-enrollment in health coverage was unintentional, inadvertent, or erroneous due to the error, misrepresentation, misconduct, or inaction of a Covered California employee, agent, or other entity providing enrollment assistance or conducting enrollment activities.

Qualifying Event Details

Date of Qualifying Event: ______________________________

Individual(s) that experienced the Qualifying Event: ______________________________

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Requested Effective Date: ______________________________

I hereby attest that I and/or my dependent(s) have experienced a qualifying event to be eligible for a special enrollment period. By signing this attestation, I certify that the information provided above is true, complete, and accurate to the best of my knowledge.

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Applicant / Financially Responsible Party Date

Return Materials to:

Sutter Health Plus
2880 Gateway Oaks Dr., Ste. 150
Sacramento, CA 95833
Phone: 1-855-320-2350
Fax: 916-736-5090
Email: SHPIFP@sutterhealth.org

sutterhealthplus.org