

## Acceptable Documents



Please send us your information within 30 days from the date of this letter or your coverage may be cancelled.

### Instructions:

1. Find your qualifying life event below.
2. Read about the documents that we accept as proof.
3. Send us a document within 30 days from the date of this letter.

Note: If you do not have one of the documents listed below, Covered California accepts a written letter signed under penalty of perjury. In the letter, you must describe your qualifying life event and why you do not have one of the documents listed below.

### Loss of Minimum Essential Coverage (MEC)

#### **If you lost or will soon lose your coverage due to loss of employment for any reason, reduction of employment hours, or exhaustion of COBRA coverage, we need:**

- A letter from your employer or other documentation of loss of employment and coverage, if available. This letter should be on the company's letterhead and should include the employee's name and the date the employee's employer-sponsored coverage was, or will, end due to loss of employment, reduction of hours of employment, or death of the employee; or employer is no longer offering minimum value coverage; or
- A notice from your health plan or carrier about loss of coverage for any reason. Notices may include COBRA, Cal-COBRA, or FMLA notices. Notices may also include notice of "creditable coverage" from your prior health plan or insurer; or
- If you are not able to give us the information that we asked for, you must send us a signed written statement that tells us to the best of your knowledge the following:
  - The reason for the loss of coverage (ex: loss of employment, spouse's insurance, or Medi-Cal)
  - The name of the previous health plan or insurance company,
  - The last date of coverage,
  - Why you cannot give us the documents we asked for. The reason may include that no such document exists or that you no longer have it.
- You must include the following statements:
  - "I do not have any of the requested documents to prove the loss of coverage
  - "I declare under the penalty of perjury, under the laws of the State of California that, to the best of my knowledge, what I stated above is true and correct."
- You must sign your statement.

#### **If you are no longer on your parent's plan because you turned 26, we need one of the following:**

- A letter from your parent's employer or health insurance company noting the cancellation of your health coverage. This letter must have your name and date the coverage was/will be cancelled; or
- A notice from your health plan or insurance company that you lost coverage (ex: a HIPAA Certificate or Credible Certificate of Coverage).

### Lost a dependent or no longer considered a dependent

#### **If you are already enrolled in a Covered California plan and you recently lost a dependent or are no longer considered a dependent due to divorce, legal separation, dissolution of domestic partnership, or death of an enrollee, we need:**

- For divorce or legal separation, one of the following:

- A copy of the divorce papers, or papers of the legal separation, or court papers showing the dissolution of partnership. These papers must show your name and the day of the divorce/legal separation or dissolution; or
- A signed statement under penalty of perjury stating your name, and the date of divorce, separation, or dissolution of partnership.
- For death of enrollee, one of the following:
  - A copy of the death certificate that shows us the name and date of death; or
  - A newspaper obituary or mortuary notice that shows the person's name, date of death, newspaper or mortuary name, and date of publication; or
  - A medical record indicating the person's name and date of death; or
  - A signed statement under penalty of perjury stating the person's name and date of death.

**Got married or entered into a domestic partnership**

**If you recently married or entered into a domestic partnership, we need:**

- A copy of your marriage certificate or domestic partnership legal document. The copies you send us must show your name and the date you got married or entered into a domestic partnership; or
- A copy of your petition for name change court order (or decree) showing your new married name; or
- If you are not able to give us the information that we need, you must send us a signed written statement under penalty of perjury stating your name, your spouse's or domestic partner's name, and the date of your marriage or date of when you entered into a domestic partnership.

**Permanently moved to or within California**

**If you moved to a new address, we need:**

- A copy of the official US Post Office postcard or email confirmation that shows you requested to change your address; or
- A California Department of Motor Vehicles driver license/identification card that shows your name and new address; or
- A copy of your Change of Address Certificate Card (DL 43) from your local Department of Motor Vehicles (DMV) office; or
- A copy of a utility bill, bank statement, mortgage statement, cell phone bill, signed rental agreement, or paycheck stub that shows your name and new permanent address; or
- If you are not able to give us the information that we need, you must send us a signed written statement that tells us date of move, what your previous address was and what your new address is and the reason why you are not able to give us the documents we asked for. This signed written statement must contain the following statements:
  - "I cannot obtain a document to prove the move."
  - "I declare under the penalty of perjury, under the laws of the State of California that, to the best of my knowledge, what I stated above is true and correct."

**Had a baby, adopted a child, or recently fostered a child**

**If you recently had a baby, or adopted/fostered a child, we need:**

- A copy of your child's birth certificate, hospital certificate, county certificate or government-issued certificate showing the child's name, date of birth and US Citizenship; or
- Hospital bill showing child birth services received; or
- A copy of your child's Social Security Card application, legal guardianship court order, or qualified medical support court order; or
- If your child is adopted, please send us the adoption/foster care papers, evidence of right to control the health care of the child, relinquishment form, or a letter from the county, state or equivalent government or private entity that provides foster care placement; or
- A signed written statement under penalty of perjury stating your name, your child's name, and the date in which your child was born, date of adoption, or date foster care began.

**Released from jail or prison**

**If you were or will be released from jail or prison, we need:**

- Documentation showing your name and date you were or scheduled to be released from jail, prison, or correctional facility; or

- A signed, written statement under penalty of perjury stating your name and the date you were released from jail, prison, or other correctional facility, or that you are not currently incarcerated.

### **Gained citizenship or lawful presence**

**If you recently gained citizenship or lawful presence, we need:**

- A copy of your immigration papers showing your name and change of your immigration status; or
- A signed written statement under penalty of perjury stating your name, and the date in which you gained citizenship or lawful presence.

### **Federally-recognized American Indian or Alaska Native**

**If you belong to a federally-recognized American Indian/Alaska Native tribe, we need:**

- A letter or document on tribal letterhead showing your name and status as a federally-recognized AI/AN; or
- A signed written statement under penalty of perjury stating your name and the tribe in which you belong to.

### **Returned from active duty military service**

**If you returned from active duty military service, we need:**

- A copy of your release documents from a US military branch; or
- A signed written statement under penalty of perjury stating your name, and the date in which you returned from active duty.

### **Other qualifying life event**

**If you are already enrolled in a Covered California plan and become newly eligible or ineligible for tax credits or cost-sharing reductions or you qualify for a different cost-sharing reduction level:**

- You will need to report your income change to us, within 30 days of the change.

**If error, misinformation or misconduct occurred during your enrollment by an agent, broker, enrollment counselor, Service Center representative, we need:**

- A signed written statement under penalty of perjury stating your name, what misinformation you relied on or what error or misconduct occurred, and if available, the date it occurred.

**If you experienced misrepresentation or erroneous enrollment, including:**

**Incorrect eligibility determination (this includes if you applied during open enrollment and were initially told you were eligible for Medi-Cal and then later determined not to be eligible for Medi-Cal), we need:**

- A signed written statement under penalty of perjury stating your name, what error, misconduct or misrepresentation occurred, and if available the date it occurred.

**If the health plan you chose did not receive your information due to technical issues, we need:**

- A signed written statement under penalty of perjury stating your name, the health plan, and the approximate date in which you tried to enroll.

**If there was an error in processing your immigration documents resulted in an incorrect eligibility result, we need:**

- A signed written statement under penalty of perjury stating your name, what error occurred, and the date in which the error occurred.

**If incorrect plan data was displayed when you selected a plan (such as data errors on premiums, benefits or copay/deductibles were displayed; incorrect plans were displayed), we need:**

- A signed written statement under penalty of perjury stating your name, name of the health plan, what error occurred, and the approximate date on which the error occurred.

**If your health plan violated its contract, we need:**

- A signed written statement under penalty of perjury stating your name, the name of the health plan, what violation you believe occurred, and the approximate date on which the violation occurred.

**If exceptional circumstances occurred on or around plan selection deadlines, including natural disasters and medical emergencies, we need:**

- A signed written statement under penalty of perjury stating your name, the exceptional circumstances that occurred, and the approximate date on which these exceptional circumstances occurred.

**If you received a certificate of exemption for hardship from Health and Human Services (HHS) for a month or months during the coverage year but lost eligibility for the hardship exemption outside of an open enrollment period, we need:**

- A copy of your exemption certificate you received from HHS to show the expiration date of your exemption.

**In the event where you and your dependents, if any, are victims of domestic abuse or spousal abandonment, we need:**

- A signed written statement under penalty of perjury stating your name and names of the victims of domestic abuse who enrolled in coverage.

**If you are required by court order to provide health insurance for a child who has been determined ineligible for Medi-Cal and CHIP, even if you are not the party who expects to claim the child as a tax dependent, we need:**

- A copy of the court order.

**If you are a member of AmeriCorps/VISTA/National Civilian Community Corps (if you entered AmeriCorps or one of the other organizations listed above outside of open enrollment; or if you ended your service with one of the organizations listed above), we need:**

- A copy of the letter from the agency.

**If you have a “grandfathered” or non-calendar year group or individual health insurance plan outside of Covered California, you may switch to a Covered California health insurance plan instead of renewing your current plan. A “grandfathered” plan is coverage that you had prior to March 23, 2010. For non-calendar year group or individual health insurance plan, the date of the loss of coverage shall be the last day of the plan or policy year. If you would like to switch to a Covered California health insurance plan, we need:**

- A signed written statement under penalty of perjury stating your name, your previous health insurance plan, and reason for switching plans.

**If your provider left the health plan network while you were receiving care (for conditions related to pregnancy, terminal illness, an acute condition, a serious chronic condition, the care of a newborn between birth and age 36 months, a surgery or other procedure that will occur within 180 days of the termination or start date), we need:**

- A signed written statement under penalty of perjury stating your name, and the name of your previous health plan.

If you need help or more time please call Covered California’s Special Enrollment Team at 1-800-752-6603.