



Nongroup Enrollment/Change Form California

Choose your plan

Simple Secure	Oscar Minimum Coverage EPO
Simple Bronze	Oscar Bronze EPO
Simple Silver	Oscar Silver EPO
Simple Gold	Oscar Gold EPO
	Oscar Platinum EPO

Note: Pediatric Dental coverage is included in all medical plans

Oscar ID (if changing an existing plan)

Who are you buying insurance for?

Individual	Parent & Child(ren)
Individual & Spouse	Family

Type of Activity

Add dependent	Change benefit plan	Update name and/or address
Remove dependent	Marital status change	

Special enrollment period (following a triggering event, see list in instructions)

Requested Start Date ____/____/____ Date of Event ____/____/____

Reason

Who's Covered

*If you have a disabled dependent over age 26, please contact us at brokers@hioscar.com to request a disabled dependent form

	Name (First, Middle Initial, Last)	Is dependent disabled?*	Gender (M/F)	Social Security No.	Date of Birth (MM/DD/YYYY)	Enrolled in Medicare?
Applicant						
Spouse						
Child dependent(s)						

Just a few more questions

Home address	Apt #	City	County	State	Zip code
Home phone	Cell phone	Email address			
Primary language (if other than English)	Marital status	Single	Married	Domestic Partner	

If your mailing address is different than your home address, please enter it below

Name	Address	Apt #	City	County	State	Zip code
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GA / Broker info (if applicable)

	Name	Writing number	Agency name	Phone	Email
GA					
Broker					
Co-broker					

Please Read the Following Terms & Conditions Carefully

It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

_____/_____/_____
Signature Date

By typing your name, you are signing this Agreement electronically and consenting to its terms & conditions. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. Note that Oscar will use either your qualifying event date or date the application was submitted to Oscar to determine your effective date of coverage. We will not use the signature date on this application.

Instructions for making changes to your contract

1. Write the current contract holder's information (name, address, date of birth, gender, SSN, phone, and email).
Exception: if you are making a change to the contract holder's name or address, please write the new name or address (see below for further instructions).
2. Enter current Oscar member ID.
3. Follow the instructions below for the specific change you want to make.
4. Enter the month you want the change to take effect in the "Effective Date of Coverage" field.

Adding a dependent

- Check the "Add Dependent" box.
- Indicate the date of qualifying event:
 - Date of birth or adoption (Congrats!).
 - Date other health insurance coverage was lost.
- Enter the new dependent's information in the eligible family members section.

Removing a dependent

- Check the "Remove Dependent" box.
- Enter the information of the dependent being removed in the eligible family members section.

Updating name and/or address

- Check the "Update Name and/or Address" box.
- If changing the contract holder's name and/or address: Enter the new name/address in the appropriate fields at the top of the form. Please include all other identifying information as well (date of birth, SSN, telephone number, email address).
- If changing the name of a dependent: Enter the new name of the dependent in the appropriate field under the eligible family members section. Please include the other identifying information as well (gender, SSN, and date of birth).

Changing benefit plan

- Check the "Change Benefit Plan" box.
- Enter the contract holder's information in the appropriate fields at the top of the form.
- In the choose your plan section at the top, indicate the plan you'd like to switch into. Please be aware that if your contract is an Individual & Spouse, Parent & Child(ren), or Family, the change will be applied to everyone on the contract.

Marital status change

- Check the "Marital Status Change" box.
- Indicate the date on which your marital status changed.
- If you're including a new family member (spouse or domestic partner), check the "Add Dependent" box and enter the new family member's information in the eligible family members section.
- If you're removing an existing family member, check the "Remove Dependent" box and enter the information of the person being removed in the eligible family members section.

Eligibility

1. You must not be enrolled in Medicare.
2. You must reside in the Oscar service area.

Triggering events

1. Loss of eligibility for minimum essential coverage but not lost due to non-payment of premium
2. Dependent attained age 26 and lost coverage
3. Marketplace changed your subsidy determination
4. Gain a dependent or becomes a dependent through marriage, birth, adoption or placement for adoption, or through a Qualified Medical Child Support Order or court order
5. Gained access to California plans as a result of permanent move to California
6. No longer incarcerated
7. Became lawfully present
8. Gained status as an Indian
9. Enrollment or non-enrollment in another qualified health plan was unintentional, inadvertent, or erroneous and was the result of the error, misrepresentation, or agent of a health plan or the Exchange
10. Can demonstrate another qualified health plan in which prospective member was enrolled substantially violated a material provision of its contract
11. He or she is a member of the reserve forces of the United States military returning from active duty or a member of the California National Guard returning from active duty service under Title 32 of the United States Code
12. He or she was receiving services from a contracting provider under another health benefit plan and that provider ceased to participate in that plan

For a list of qualifying event documentation, please see hioscar.com/brokers/resources



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Special enrollment – Qualifying life event guidelines

All SEP enrollees are required to provide documentation of their qualifying life event (QLE) according to the chart below. Brokers should collect this documentation from their client at the time of sale, review for validity, and submit to their General Agent along with this application. All documentation will be audited by Oscar.

Qualifying event	Required Documentation	Effective date of coverage
Loss of minimal essential coverage		
Lost your job (voluntarily or involuntarily) Employer stopped offering health insurance Insurance through employer is no longer affordable or is no longer minimum essential coverage	Termination notice from prior employer/insurer indicating loss of coverage	Either: <ul style="list-style-type: none"> • 1st of the month following event, or • 1st of month following date Oscar receives application whichever comes later
Aging out	Letter from prior carrier indicating a person is aging out	
Divorce, annulment, legal separation, or end of domestic partnership	Copy of divorce decree or other relevant proof	
Death of a spouse	Copy of death certificate	
COBRA coverage terminated	Letter from COBRA administrator or prior carrier indicating loss of COBRA coverage	
Lost Medi-Cal coverage	Letter from Medi-Cal indicating loss of coverage	
No longer eligible for student health coverage	Proof of coverage from prior carrier	
Non-loss of coverage events		
Moved into Oscar's service area	Proof of residence from both new address and old address. Proof of residence from old address must be dated within the past 120 days and proof of residence from new address must be from within the previous 45 days.	Either: <ul style="list-style-type: none"> • 1st of the month following loss of coverage event, or • 1st of month following date Oscar receives application
Gained a dependent through marriage or domestic partnership	Copy of marriage certificate or certificate of domestic partnership. If domestic partnership registration does not exist in coverage area, please see Oscar's off exchange certificate of coverage for alternate means of establishing proof of domestic partnership.	1st of month following date Oscar receives application

Qualifying event

Required Documentation

Effective date of coverage

Non-loss of coverage events (continued)

Gained a child dependent or became a child dependent through birth, adoption, placement for adoption, a child support order or another court order	Copy of birth/adoption certificate or proof of birth from hospital reflecting date of birth. Copy of court order or child support order.	<p>If Oscar receives notice of birth/adoption within 60 days of birth, member may choose effective date:</p> <ul style="list-style-type: none"> • 1st of month in which event occurs, • 1st of month following event, • 1st of month after plan selection if that is later than the first two options, • 1st of following month after plan selection if that is later than the first two options. <p>If Oscar receives notice after 60 days, coverage begins on the 1st of month in which Oscar receives the application.</p>
He or she is mandated to be covered as a dependent pursuant to a valid state or federal court order	Copy of the court order	Date listed on the court order or the 1st of the month following the event
Released from incarceration	Proof of release from incarceration	
Became lawfully present	Proof of lawfully present status. Please see: http://www.coveredca.com/FAQs/Request-for-Verification-CLP/PDFs/Document-List.pdf for more details	
Member of a federally recognized Indian tribe	Proof of status	
Returned from active military duty	Proof of active duty	
<p>Enrollment or non-enrollment in another qualified health plan was unintentional, inadvertent or erroneous</p> <p>Previous QHP substantially violated material provision of contract</p> <p>Determined newly eligible or newly ineligible for advance payments of the premium tax credit</p>	Letter from Covered California	<p>If signup between 1st-15th of month: 1st of month following date Oscar receives the application</p> <p>If signup between 16th-end of month: 1st of 2nd month following date Oscar receives the application</p>
Was receiving services from a contracting provider under another health benefit plan and that provider ceased to participate in that plan, providing that the services are for an acute condition, serious chronic condition, pregnancy, terminal illness, the care of a newborn child between birth and 36 months, or performance of a surgery or other procedure that has been authorized by their previous plan and is documented by the provider to occur within 180 days of the contract's termination date or within 180 days of the effective date of coverage for a newly covered enrollee	Letter from prior issuer and physician	



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Nëse ju, ose dikush që po ndihmoni, ka pyetje për Oscar, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin 1-855-OSCAR-55.

إن كان لديك أو لدى شخص تساعدته أسئلة بخصوص Oscar، فلديك الحق في الحصول على المساعدة والمعلومات بلغتك من دون أية تكلفة. للتحدث مع مترجم، اتصل بالرقم 1-855-OSCAR-55.

Եթե Դուք կամ Ձեր կողմից օգնություն ստացող անձը հարցեր ունի Oscar մասին, Դուք իրավունք ունեք ստանալ անվճար օգնություն և տեղեկություն Ձեր նախընտրած լեզվով: Թարգմանչի հետ խոսելու համար զանգահարե՛ք 1-855-OSCAR-55

यदि आपनि, अथवा आपनि अन्य काडके सहायता करछेन, Oscar, सम्पर्के प्रश्न आछे आपनार अधिकार आछे बिना थरछे आपनार निजस्य भाषाते साहाय्य पावार एवं तथ्य जानवार। अनुवादकेर साथे कथा बलार जन्य, कल करून १-८५५-अस्कार-५५.

如果您，或是您正在協助的對象，有關於 Oscar 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 1-855-OSCAR-55。

اگر شما، یا فردی که شما به او کمک می کنید، سوالی در مورد Oscar داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. لطفا با شماره 1-855-OSCAR-55 تماس بگیرید.

Si vous, ou une personne que vous aidez, a des questions à propos d'Oscar, vous avez le droit d'obtenir de l'aide et des informations dans votre langue gratuitement. Pour parler à un interprète, appelez le 1-855-OSCAR-55.

Falls Sie oder jemand, dem Sie helfen, Fragen zu Oscar haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte 1-855-OSCAR-55 an.

Εάν εσείς ή κάποιος που βοηθάτε έχετε απορίες σχετικά με την Oscar, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς καμία χρέωση. Για να μιλήσετε με έναν διερμηνέα, καλέστε στον αριθμό 1-855-OSCAR-55.

જો તમે અથવા તમે મદદ કરી રહ્યા હો તેમણી કોઈને Oscar વિશે પ્રશ્નો હોય તો, તમને તમારી ભાષામાં નિષ્ણદ મદદ અને માહિતી મેળવવાની અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-855-OSCAR-55 પર ફોન કરો.

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Oscar, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-855-OSCAR-55.

यदि आपके, या आप द्वारा सहायता किए जा रहे किसी व्यक्ति के पास Oscar के बारे में प्रश्न हैं, तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। किसी दोभाषिए से बात करने के लिए, 1-855-OSCAR-55 पर कॉल करें।

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Oscar, koj muaj cai kom lawv muab cov ntsiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-855-OSCAR-55.

Se tu o qualcuno che stai aiutando avete domande su Oscar, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-855-OSCAR-55.

貴殿または貴殿の援助されている方でも、Oscarについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話をされる場合、1-855-OSCAR-55までお電話ください。

ប្រសិនបើលោកអ្នក ឬនរណាម្នាក់ដែលលោកអ្នកកំពុងជួយ មានសំណួរនានាអំពី Oscar លោកអ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មានជាភាសារបស់លោកអ្នកដោយឥតគិតថ្លៃ។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូមទូរសព្ទទៅលេខ 1-855-OSCAR-55 ។

귀하 또는 귀하가 돕고 있는 사람이 Oscar에 관해서 문의사항이 있는 경우, 귀하에게는 이러한 도움과 정보를 귀하의 언어로 비용 부담없이 제공받을 권리가 있습니다. 통역 서비스를 원하시면 1-855-OSCAR-55번으로 전화해 주십시오.

ຖ້າທ່ານ ຫຼື ຄົນທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອຢູ່ມີຄຳຕາມກ່ຽວກັບ Oscar, ທ່ານມີສິດຂໍເອົາການຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໄດ້ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອລົມກັບຜູ້ແປພາສາ, ໃຫ້ໂທຫາ 1-855-OSCAR-55.

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie Oscar, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-855-OSCAR-55.

ਜੇ ਤੁਹਾਡੇ ਕੋਲ, ਜਾਂ ਤੁਸੀਂ ਜਿਸ ਦੀ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, Oscar ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹਨ, ਤਾਂ ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ 'ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਦੁਬਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, 1-855-OSCAR-55 'ਤੇ ਕਾਲ ਕਰੋ।

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Oscar, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-855-OSCAR-55.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Oscar, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-855-OSCAR-55.

Kung ikaw o ang iyong tinutulongan ay may mga tanong tungkol sa Oscar, may karapatan kang makatanggap ng libreng tulong at impormasyon nang nasa iyong wika. Upang makipag-usap sa isang tagasalin, tumawag sa 1-855-OSCAR-55.

หากคุณหรือคนที่คุณกำลังช่วยเหลือมีค ำถามเกี่ยวกับ Oscar

คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พุดคุยกับส่าม โทร 1-855-OSCAR-55.

Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про програму OSCAR, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть за номером 1-855-OSCAR-55.

اگر آپ یا آپ کسی کی مدد کر رہے / رہی ہیں ان کو Oscar کے بارے سوالات پوچھنے ہیں، تو آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے 1-855-OSCAR-55 پر کال کریں۔

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Oscar, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-855-OSCAR-55.

אויב איר, אודר עמצער איר העלפוסט, האט פראגעט וועגן Oscar, איר האט דאס רעכט צו באקומען הילף און אינפארמאציע און אייער שפראך אומזיסט. צו רעדן מיט דער אייבערערער, קלוג 1-855-OSCAR-55