

# Special Enrollment Notice

## Under HIPAA (Health Insurance Portability and Accountability Act of 1996)

Employee Name \_\_\_\_\_ SSN \_\_\_\_\_ Date \_\_\_\_\_

Special rules may apply to you and/or your spouse and/or your child/ren in the **event of marriage, birth, adoption or the placement for adoption or the loss of other coverage.**

Under these rules, a group health plan must provide a special enrollment period for these individuals should they request enrollment within **30 days** after a special enrollment event has occurred.

**Special Enrollment** periods may apply to you and/or your spouse and/or your child/ren if you have a new dependent as a result of marriage, birth, adoption or the placement for adoption.

Under these rules, a group health plan is required to provide a special enrollment period for these individuals should they request enrollment within **30 days** after a special enrollment event has occurred.

I am requesting a Special Enrollment (circle all that apply) for: **myself spouse dependents**  
 Because of: \_\_\_\_\_  
**My Marriage** (Date) \_\_\_\_\_ **Birth of child** (Date) \_\_\_\_\_  
 Adoption or Placement for Adoption of/a Child/ren on (Date) \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**LOSS OF OTHER COVERAGE** When you declined enrollment for yourself or your dependents (including your spouse) **and stated in writing that you and/or your dependents had coverage** under another group health plan or health insurance coverage was the reason for declining to enroll, then special rules may apply to you and/or your spouse and/or your child/ren **in the event you and/or your dependents have lost this other coverage due to the loss of eligibility.** If you and/or your dependents have **COBRA** continuation coverage, you will **not be eligible** for a Special Enrollment until **COBRA** continuation coverage has been exhausted or terminated as a result of loss of eligibility.

Loss of eligibility does not include a loss due to failure of the individual or the participant to pay premiums on a timely basis or termination of coverage for cause **(such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the plan).**

Under these rules, a group health plan is required to provide a special enrollment period for your and/or your dependents should you/they request enrollment within **30 days** after the loss of other coverage has occurred.

**Circle all that Apply**

I am requesting a Special Enrollment (circle all that apply) for: **myself spouse dependents**  
 Due to the Loss of Other Coverage (date of loss) \_\_\_\_\_ from:  
**My spouse's group plan** **COBRA** Continuation Coverage **another insurance plan**  
 other: (please state reasons loss occurred)  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder's Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ ID Number (if different from SSN) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_