

## QUALIFYING LIFE EVENTS

Event	Definition	Supporting Documentation	Application Must Be Submitted:
<b>Loss of Employer Coverage</b>	Loss of employer coverage due to voluntary or involuntary termination of employment for reasons other than misconduct, reduction in hours or coverage no longer offered to individual's employment class	<ul style="list-style-type: none"> <li>Termination letter from employer if you have been terminated, or</li> <li>Pay stubs both current &amp; previous hours if hours have been reduced, or</li> <li>Letter from employer stating no longer paying for insurance</li> </ul>	Within 60 days of coverage loss
<b>No longer a dependent</b>	Loss of employer or individual coverage because no longer eligible as a dependent	<ul style="list-style-type: none"> <li>Carrier letter documenting loss of coverage due to loss of dependent status, for example:                             <ul style="list-style-type: none"> <li>dependent age maximum reached,</li> <li>death of policy holder, etc</li> </ul> </li> </ul>	Within 60 days of loss of dependent eligibility event
<b>Divorce from policy holder</b>	Loss of coverage due to a divorce	Copy of the divorce decree or custody agreement	Within 60 days of divorce
<b>Loss of Medicaid or CHIP</b>	Loss of Medicaid or CHIP coverage	Termination letter of loss of Medicaid or CHIP coverage from the Insurance carrier including the date of the loss of coverage	Within 60 days of loss of Medicaid or CHIP coverage
<b>Became a Dependent</b>	An individual gained or became a dependent through marriage, civil union, birth, adoption, or placement for adoption, or placement in foster care	Marriage license or domestic partner certificate, birth certificate, adoption certificate or foster placement certification	Within 60 days of event
<b>Loss or Gain of eligibility for health insurance exchange subsidies</b>	Loss of eligibility for health insurance exchange subsidies	Documentation showing that you are no longer or are now eligible for a health insurance exchange subsidy	Within 60 days of event
<b>Loss of Minimum Essential Coverage</b>	Existing policy no longer provides Essential Minimum Coverage	Letter documenting Loss of Minimum Essential Coverage	Within 60 days of event
<b>Enrollment Error</b>	Individual experienced an error in enrolling for coverage during the Open Enrollment Period	Documentation of Error	Within 60 days of event
<b>Contract Violation</b>	Plan or Issuer of Plan substantially violated a material provision of the contract in which s/he is enrolled	Documentation of Violation	Within 60 days of event
<b>Relocation / Move</b>	Permanent move to a new area that offers different plan options	Proof of new address, such as utility bill, driver's license or rental/lease agreement.	Within 60 days of event
<b>Release from Incarceration</b>	Newly eligible due to release from incarceration	Copy of certified letter documenting release date from incarceration	Within 60 days of event
<b>Eligible Immigration Status or US Citizenship</b>	Newly eligible due to receipt of US Citizenship or lawful immigration status	<ul style="list-style-type: none"> <li>Valid US Passport (if US Citizen), or</li> <li>Copy of legal supporting documentation demonstrating proof of immigration status or change in status</li> </ul>	Within 60 days of event

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