

Employee Name	Edison ID	OR	SSN
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## Special Enrollment Qualifying Events

The federal law, Health Insurance Portability Accountability Act (HIPAA) allows employees and dependents to enroll in health coverage under certain conditions. Exceptions will also be made for eligible employees or dependents if they lose their health coverage offered through the employer of the employee's spouse/ex-spouse.

Identify the qualifying event which caused the loss of other medical coverage for you and your eligible dependents. You must submit this page with the appropriate required documentation, proof of prior coverage and a completed group insurance program enrollment change application. Application for enrollment must be submitted within 60 days of the loss of insurance coverage.

QUALIFYING EVENT	DOCUMENTATION REQUIRED
<input type="checkbox"/> Death of spouse or ex-spouse	Copy of death certification and written documentation from the employer on company letterhead providing names of covered participants and date coverage ends.
<input type="checkbox"/> Divorce	Copy of the signed divorce decree and written documentation from the employer on company letterhead providing names of covered participants and date coverage ends.
<input type="checkbox"/> Legal separation	Copy of the agreed order of legal separation and written documentation from the employer on company letterhead providing names of covered participants, date coverage ends, and the reason why coverage ended.
<input type="checkbox"/> Loss of eligibility (does not include a loss due to failure to pay premiums or termination of coverage for cause)	Written documentation from the employer or the insurance company on company letterhead providing the names of covered participants, date coverage ends and the reason for the loss of eligibility.
<input type="checkbox"/> Loss of coverage due to exhausting lifetime benefit maximum	Written documentation from the insurance company on company letterhead providing the names of covered participants, date coverage ended and stating that the lifetime maximum has been met.
<input type="checkbox"/> Loss of TennCare (does not include a loss due to failure to pay premiums)	Written documentation from TennCare on company letterhead stating that coverage has been or will be terminated.
<input type="checkbox"/> Termination of spouse's or ex-spouse's employment (voluntary and non-voluntary)	Written documentation from the employer on company letterhead providing names of covered participants, date coverage ends and reason why coverage ended.
<input type="checkbox"/> Employer eliminated contribution to spouse's, ex-spouse's or dependent's insurance coverage (total contribution, not partial)	Written documentation from the employer on company letterhead providing names of covered participants, date contribution amount changed and date coverage ended.
<input type="checkbox"/> Spouse's or ex-spouse's work hours reduced causing loss of eligibility for insurance coverage	Written documentation from the employer on company letterhead providing names of covered participants, date coverage ends and reason why coverage ended.
Employees who are acquiring a new dependent may also <b>add other previously eligible dependents</b> to coverage at the same time. This is considered a qualifying event and the documentation listed below will also be required.	
<input type="checkbox"/> Acquires a new dependent – spouse (and adding other previously eligible dependents)	Copy of marriage certificate.
<input type="checkbox"/> Acquires a new dependent – newborn (and adding other previously eligible dependents)	Copy of birth certificate for newborn.
<input type="checkbox"/> Acquires a new dependent – adoption/legal custody (and adding other previously eligible dependents)	Copy of adoption documents.

The effective date of coverage for a participant approved through a special enrollment provision is either (1) the first of the month in which other coverage was lost, if other coverage was lost in the middle of the month; (2) the first of the month following loss of other coverage if other coverage was lost at the end of the month; (3) the first of the month following the 60-day period of the loss of insurance coverage; (4) the first of the month or first of the subsequent month following approval by the committee or its representative (only if administrative review is required); (5) the day on which the event occurred, if enrollment is waived due to birth, adoption or placement for adoption; (6) the day on which the event occurred or the first day of the subsequent month, if enrollment is waived due to marriage. If you are currently enrolled in health coverage and have a dependent approved for coverage through a special enrollment qualifying event, you and your covered dependents may transfer to another healthcare option.