



{MergeDateTime}

{ SBSB_FName } { SBSB_LName }
{ SBSB_Addr1 }
{ SBSB_Addr2 }
{ SBSB_Addr3 }
{ SBSB_City }, { SBSB_State } { SBSB_Zip }

Documentation
Required

Enrollee #: { SBSB_ID }
Group #: { GRGR_ID }
Class #: { CLASS_ID }

Dear { SBSB_FName },

Thank you for applying for Blue Cross of Idaho health insurance. Your application is in process. Please help us validate your eligibility for enrollment by completing and returning the Eligibility Validation form on the back of this letter. We have enclosed a self-addressed, pre-paid envelope for your convenience.

Complete and return the enclosed Eligibility Validation form along with requested documentation within 15 days of the date of this letter. Blue Cross of Idaho will not be able to process your application and begin your health insurance coverage until we receive the requested information.

If you provide the required documentation within the specified time frame, your application will be processed and your coverage should begin on the date you requested. Please make sure you've made your first monthly premium payment. Your coverage cannot begin until your payment is received.

If you have any questions about this letter, please contact your insurance agent or Blue Cross of Idaho Customer Service at 855-230-6862 or 208-286-3828.

Sincerely,

Enrollment and Billing Services
Blue Cross of Idaho



Please attach clear, readable copies of the requested documentation to this form and return to Blue Cross of Idaho in the envelope provided or fax to 208-331-7496.

VALIDATION OF QUALIFYING LIFE EVENT (QLE)		
<p>Note: Any misrepresentation of information on this form or the documents submitted could result in cancellation or rescission of your policy. Insurance fraud is a felony punishable by up to fifteen years in state prison and a \$15,000 fine.</p>		
Subscriber Name: { SBSB_FName } { SBSB_LName }	Enrollee #: { SBSB_ID }	
Group #: { GRGR_ID }	Class #: { CLASS_ID }	
QUALIFYING LIFE EVENT	QUALIFYING LIFE EVENT SCENARIOS	ACCEPTABLE VALIDATION DOCUMENTATION
<p><input type="checkbox"/> Loss of Minimum Essential Coverage (MEC)</p> <p>Was loss of coverage or will loss of coverage be due to non-payment of premium? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was loss of coverage or will loss of coverage be due to voluntarily ending coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> Loss of employer group coverage Exhaustion of COBRA coverage Loss of qualified individual coverage Loss of federal coverage (TriCare or FEHB) Loss of Medicaid coverage Loss of Student Health Insurance Program (SHIP) Death of a policy holder Release from incarceration 	<ul style="list-style-type: none"> HIPAA certificate or termination of coverage letter from prior health insurance carrier COBRA notice and election form from prior health insurance carrier or employer Letter from employer on company letterhead with the reason or notification of loss of coverage and the date of cancellation of coverage Copy of COBRA notice of exhaustion of benefits. Discontinuance letter from Department of Health and Welfare identifying loss of Medicaid coverage (denial of coverage letter will not be accepted) A letter from the university informing the student of the loss of coverage or certificate of creditable coverage Copy of state issued death certificate or dated obituary Dated correctional facility release documentation
<p><input type="checkbox"/> Permanent Move</p> <p>Must have had minimum essential coverage for one or more days in the 60 days before your move, unless you're moving from a foreign country or one of the United States Territories</p>	<ul style="list-style-type: none"> Changing your primary residence allowing you access to new qualified health plans Changing your primary residence which results in no longer being eligible for your current plan Dependent has a change in address (e.g. going to college) that will allow them access to new qualified health plans Moving into Idaho from another state or a permanent move within Idaho 	<p>You must provide documentation demonstrating you had MEC (see acceptable documents above) AND one of the following options that demonstrates residency at both your old and new address:</p> <ul style="list-style-type: none"> Utility bill listing current and prior residence addresses, dated within previous 60-days Dated mortgage or lease agreement for current and prior residences State of Idaho automobile registration dated within previous 60-days Offer of employment dated within previous 60-days

<input type="checkbox"/> Change in Household Size	<ul style="list-style-type: none"> • Marriage • Birth, adoption or foster care placement • Divorce • Gained a dependent due to court order or through marriage • Gained a dependent due to dependent's Qualifying Life Event (QLE) and dependent is not currently on your Qualified Health Plan (QHP) 	<ul style="list-style-type: none"> • Marriage certificate • Birth certificate • Divorce decree • Court order (adoption, foster care placement, divorce or gained a dependent as a result of a court order) • Gaining a dependent due to the dependent's QLE – provide supporting documentation based on the dependent's QLE outlined by this document
<input type="checkbox"/> Change in Citizenship, Immigration Status or Native American Status	<ul style="list-style-type: none"> • Becoming a citizen, national or lawfully present individual • Change in American Indian or Alaska Native status 	<ul style="list-style-type: none"> • Citizenship certificate • Permanent resident card (green card) • Certificate of Degree of Indian or Alaska Native Blood from the Bureau of Indian Affairs • Tribal membership
<input type="checkbox"/> Change in Advanced Premium Tax Credit (APTC) eligibility, if previously ineligible for Medicaid, in a non-Medicaid expansion state.	<ul style="list-style-type: none"> • Cancelled exemption (Due to income change) <ul style="list-style-type: none"> ○ Prior income was below the 100% Federal Poverty Level and ○ Applicant was previously ineligible for Medicaid in a non-Medicaid expansion state 	<ul style="list-style-type: none"> • Proof of income change (Offer of employment on company letterhead will be accepted) • Denial of Medicaid coverage from the Department of Health and Welfare <p>Blue Cross of Idaho may contact Your Health Idaho (YHI) for additional information to verify your income change.</p>
<input type="checkbox"/> Exceptional Circumstances/Other	<ul style="list-style-type: none"> • Erroneous/unintentional/other enrollment error made by the marketplace • Newly eligible or ineligible for APTC if currently enrolled in coverage • Medical conditions: An unexpected hospitalization or temporary cognitive disability, or were otherwise incapacitated during open enrollment • Significant life event preventing timely enrollment 	<ul style="list-style-type: none"> • Approved documentation from YHI explaining the issue and resolution (Blue Cross of Idaho may contact YHI to verify this information) • Newly eligible or ineligible for APTC – if existing coverage is not with Blue Cross of Idaho, proof of coverage will be required. See the section above, loss of MEC, for acceptable supporting documents • Medical conditions will require a letter from the attending physician • For significant life events that prevented a timely enrollment, please indicate the event and the reason below <hr/> <hr/> <hr/>