

Qualified Life Event Requirements

When you experience a qualifying life event, you are able to enroll in a new health insurance plan or change your plan within 60 days of the event. To process your application, we require certain documents as proof of your qualifying life event. Please see the list below for requirements and send your documentation by one of the following methods:

Mail:

Assurant Health
Attn: Enrollment Department
 501 W Michigan
 PO Box 624
 Milwaukee, WI 53201

Fax: 414.299.6020

Email: mke.uwtechs@assurant.com

For all qualifying life events, you must complete a Qualifying Life Event attestation, which you will find in the:

- Online application process. The attestation will be submitted automatically with the online application.
- Paper application packet. Please submit the application, including the attestation (Form 35020).

Triggering event	Requirements
Renewal of grandfathered or non-grandfathered individual major medical plan	<ul style="list-style-type: none"> • Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> • Renewal date of prior coverage • Complete the Other Coverage section of the application, including: <ul style="list-style-type: none"> • Carrier for prior coverage • Policy/Certificate number of prior coverage • Type of coverage
Return from active military duty	<ul style="list-style-type: none"> • Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> • Date of discharge
Release from incarceration	<ul style="list-style-type: none"> • Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> • Date of release from incarceration

Qualified life events requirements, cont.

Triggering event	Requirements
Gaining eligible immigration status or citizenship	<ul style="list-style-type: none"> Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> Date of change in status Copy of document showing proof of immigrant status or change in status
Permanent move to a new state	<ul style="list-style-type: none"> Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> Date of move Your former address. If completing the online application, please send your former address via email to mke.uwtechs@assurant.com
Loss of minimum essential coverage due to: <ul style="list-style-type: none"> Discontinuation of a current plan that does not meet health care reform requirements Legal separation Divorce Termination of domestic partnership or civil union (<i>in applicable states</i>) Change in full-time employment status Loss of employer-sponsored insurance Death of parent or spouse Change in dependent status as a result of turning 26 	<ul style="list-style-type: none"> Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> Termination date of prior coverage Complete the Other Coverage section of the application, including: <ul style="list-style-type: none"> Carrier for prior coverage Policy/Certificate number of prior coverage Type of coverage
Gaining or becoming a dependent due to one of the following: <ul style="list-style-type: none"> Marriage 	<ul style="list-style-type: none"> Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> Date of marriage
<ul style="list-style-type: none"> Domestic partnership (In applicable states) 	<ul style="list-style-type: none"> Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> Date of civil union or domestic partnership decree
<ul style="list-style-type: none"> Birth of child/children 	<ul style="list-style-type: none"> Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> Date of birth
<ul style="list-style-type: none"> Adoption of child/children 	<ul style="list-style-type: none"> Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> Date of adoption
<ul style="list-style-type: none"> Placement for adoption of child/children 	<ul style="list-style-type: none"> Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> Date of placement for adoption
<ul style="list-style-type: none"> New appointment of guardianship (event applies to both the guardian and the new dependent) 	<ul style="list-style-type: none"> Complete the Qualifying Life Event attestation, including: <ul style="list-style-type: none"> Date of guardianship order or placement

If your specific life event is not listed, we will contact you for the required documentation.

Assurant Health reserves the right to require additional documentation to validate eligibility.