



Please note: If you *do not* have one of the documents listed, Covered California accepts a written letter signed under penalty of perjury, called an attestation of information, describing your qualifying life event and why you do not have one of the documents listed.

Qualifying Life Event:	What you need to send Covered California:
Loss of Minimum Essential Coverage (MEC)	<p>If you lost or will soon lose your coverage due to termination of employment, reduction of employment hours, or exhaustion of COBRA coverage, we need:</p> <ul style="list-style-type: none"> • A letter from your employer. This letter must show the company's letterhead and must include your (or the employee's) name and the date your (or the employee's) employer-sponsored coverage was or will be terminated due to termination of employment, reduction of hours of employment, or death of the employee; or • A COBRA, FMLA, or a Cal-COBRA election form, a COBRA coverage cancellation form, a HIPAA certificate from a prior carrier, a coverage cancellation notice, Model Notice or a Certificate of Creditable Coverage; or • If you are not able to give us the information that we need, you must send us a signed written statement under penalty of perjury that tells us why your coverage was terminated, who your previous health carrier was, what your last date of coverage was, your member number and group number, the reason why you are not able to give us the documents we asked for, and it must contain the following statements: <ul style="list-style-type: none"> - "I cannot obtain a document to verify the qualifying life event." - "I declare under the penalty of perjury, under the laws of the State of California, that what I stated above is true and correct." <p>If you are no longer on your parent's plan because you turned 26, we need:</p> <ul style="list-style-type: none"> • A letter from your parent's employer or health insurance carrier noting the cancellation of your health coverage. This letter must have your name and date the coverage was/will be cancelled; or • A HIPAA certificate from a prior health insurance carrier (Credible Certificate of Coverage).
Lost a dependent or no longer considered a dependent	<p>If you are already enrolled in a Covered California plan and you recently lost a dependent or are no longer considered a dependent due to divorce, legal separation, dissolution of domestic partnership, or death of an enrollee, we need:</p> <ul style="list-style-type: none"> • A copy of the divorce papers, or papers of the legal separation, or court papers showing the dissolution of partnership. These papers must show your name and the day of the divorce/legal separation or dissolution; or • A signed written statement under penalty of perjury stating your name, and the date of divorce, separation, or dissolution of partnership. • A copy of the death certificate that shows us the name and date of death; or • A Newspaper Obituary or Mortuary Notice that shows the person's name, date of death, newspaper, and date of publication; or • A signed written statement under penalty of perjury stating the person's name and date of death.
Got married or entered into a	<p>If you recently married or entered into a domestic partnership, we need:</p> <ul style="list-style-type: none"> • A copy of your marriage certificate or domestic partnership legal document. The copies you send us must show your name and the date you got married or entered into a domestic partnership; or

domestic partnership	<ul style="list-style-type: none"> • A copy of your petition for name change court order (or decree) showing your new married name; or • If you are not able to give us the information that we need, you must send us a signed written statement under penalty of perjury stating your name, your spouse's or domestic partner's name, and the date of your marriage or date of when you entered into a domestic partnership.
Permanently moved to or within California	<p>If you moved to a new address, we need:</p> <ul style="list-style-type: none"> • A copy of the official US Post Office postcard or email confirmation that shows you requested to change your address; or • A California Department of Motor Vehicles driver license/identification card that shows your name and new address; or • A copy of your Change of Address Certificate Card (DL 43) from your local Department of Motor Vehicles (DMV) office; or • A copy of a utility bill, bank statement, mortgage statement, cell phone bill, signed rental agreement, <u>or</u> paycheck stub that shows your name and new permanent address; or • If you are not able to give us the information that we need, you must send us a signed written that tells us what your previous address was and what your new address is. Also, tell us the reason why you are not able to give us the documents we asked for. This signed written statement must contain the following statements: <ul style="list-style-type: none"> - "I cannot obtain a document to verify the qualifying life event." - "I declare under the penalty of perjury, under the laws of the State of California, that what I stated above is true and correct."
Had a baby, adopted a child, or recently fostered a child	<p>If you recently had a baby, or adopted/fostered a child, we need:</p> <ul style="list-style-type: none"> • A copy of your child's birth certificate, hospital certificate, county certificate or government-issued certificate showing the child's name, date of birth and US Citizenship; or • Hospital bill showing child birth services received; or • A copy of your child's Social Security Card application, legal guardianship court order, or qualified medical support court order; or • If your child is adopted, please send us the adoption/foster care papers, evidence of right to control the health care of the child, relinquishment form, or a letter from the county, state or equivalent government or private entity that provides foster care placement; or • A signed written statement under penalty of perjury stating your name, your child's name, and the date in which your child was born, or date of adoption.
Released from jail or prison	<p>If you were or will be released from jail or prison, we need:</p> <ul style="list-style-type: none"> • Documentation showing your name and date you were or scheduled to be released from jail, prison, or similar penal institution or correctional facility; or • A signed written statement under penalty of perjury stating your name, and that you are not currently incarcerated.
Gained citizenship or lawful presence	<p>If you recently gained citizenship or lawful presence, we need:</p> <ul style="list-style-type: none"> • A copy of your immigration papers showing your name and change of your immigration status; or • A signed written statement under penalty of perjury stating your name, and the date in which you gained citizenship or lawful presence.
Federally-recognized American Indian or Alaska Native	<p>If you belong to a federally-recognized American Indian/Alaska Native tribe, we need:</p> <ul style="list-style-type: none"> • A letter or document on tribal letterhead showing your name and status as a federally-recognized AI/AN; or

	<ul style="list-style-type: none"> • A signed written statement under penalty of perjury stating your name and the tribe in which you belong to.
<p>Returned from active duty military service</p>	<p>If you returned from active duty military service, we need:</p> <ul style="list-style-type: none"> • A copy of your release documents from a US military branch; or • A signed written statement under penalty of perjury stating your name, and the date in which you returned from active duty.
<p>Other qualifying life event</p>	<p>If you are already enrolled in a Covered California plan and become newly eligible or ineligible for tax credits or cost-sharing reductions or you qualify for a different cost-sharing reduction level:</p> <ul style="list-style-type: none"> • You will need to report your income change to us, which we will verify automatically. <p>If misconduct or misinformation occurred during your enrollment, including: An agent, enrollment counselor, Service Center representative or other authorized representative enrolled you in a plan that you did not want to enroll in, failed to enroll you in any plan or failed to calculate premium assistance for which you were eligible, we need:</p> <ul style="list-style-type: none"> • A signed written statement under penalty of perjury stating your name, what misconduct occurred, and the date in which the misconduct occurred. <p>If you experienced misrepresentation or erroneous enrollment, including: Incorrect eligibility determination (this includes if you applied during open enrollment and were initially told you were eligible for Medi-Cal and then later determined not to be eligible for Medi-Cal), we need:</p> <ul style="list-style-type: none"> • A signed written statement under penalty of perjury stating your name, what misrepresentation occurred, and the date in which the misrepresentation occurred. <p>If the health plan you chose did not receive your information due to technical issues, we need:</p> <ul style="list-style-type: none"> • A signed written statement under penalty of perjury stating your name, the health plan, and date in which you tried to enroll. <p>If there was an error in processing your immigration documents resulted in an incorrect eligibility result, we need:</p> <ul style="list-style-type: none"> • A signed written statement under penalty of perjury stating your name, what error occurred, and the date in which the error occurred. <p>If incorrect plan data was displayed when you selected a plan (such as data errors on premiums, benefits or copay/deductibles were displayed; incorrect plans were displayed; or a family could not enroll together in a single plan), we need:</p> <ul style="list-style-type: none"> • A signed written statement under penalty of perjury stating your name, name of the health plan, what error occurred, and the date in which the error occurred. <p>If your health plan violated its contract, we need:</p> <ul style="list-style-type: none"> • A signed written statement under penalty of perjury stating your name, the name of the health plan, what violation occurred, and date in which the violation occurred.

If exceptional circumstances occurred on or around plan selection deadlines, including natural disasters and medical emergencies, we need:

- A signed written statement under penalty of perjury stating your name, the exceptional circumstances that occurred, and date in which these exceptional circumstances occurred.

If you received a certificate of exemption for hardship from Health and Human Services (HHS) for a month or months during the coverage year but lost eligibility for the hardship exemption outside of an open enrollment period, we need:

- A copy of your exemption certificate you received from HHS to show the expiration date of your exemption.

In the event where you and your dependents, if any, are victims of domestic abuse or spousal abandonment, we need:

- A signed written statement under penalty of perjury stating your name and names of the victims of domestic abuse who enrolled in coverage.

If you are required by court order to provide health insurance for a child who was been determined ineligible for Medi-Cal and CHIP, even if you are not the party who expects to claim the child as a tax dependent, we need:

- A copy of the court order.

If you are a member of AmeriCorps/VISTA/National Civilian Community Corps (if you entered AmeriCorps or one of the other organizations listed above outside of open enrollment; or if you ended your service with one of the organizations listed above), we need:

- A copy of the letter from the agency.

If you have a “grandfathered” health insurance plan outside of Covered California, and you would like to switch to a Covered California health insurance plan instead of renewing your current plan, we need:

- A signed written statement under penalty of perjury stating your name, your previous health insurance plan, and reason for switching plans.

If your provider left the health plan network while you were receiving care (for conditions related to pregnancy, terminal illness, an acute condition, a serious chronic condition, the care of a newborn between birth and age 36 months, a surgery or other procedure that will occur within 180 days of the termination or start date), we need:

- A signed written statement under penalty of perjury stating your name, and the name of your previous health plan.