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

The federal law, Health Insurance Portability Accountability Act (HIPAA), allows you and your dependents to enroll in health coverage under certain conditions. Exceptions will also be made for you or your dependents if you lose health coverage offered through your spouse's or ex-spouse's employer. You or your dependents may also be eligible to enroll in dental and vision coverage when lost with another employer. If you are adding dependents to your existing coverage, you and your dependents may transfer to a different carrier or healthcare option, if eligible. Premiums are not prorated. If approved, you must pay premium for the entire month in which the effective date occurs.
Identify the qualifying event(s) which caused the loss of other coverage for you and/or your eligible dependent(s). You must submit this page with the appropriate required documentation, proof of prior coverage and a completed enrollment application. Application for enrollment must be made within 60 days of the loss of insurance coverage or within 60 days of a new dependent's acquire date.

| QUALIFYING EVENT | DOCUMENTATION REQUIRED | EFFECTIVE DATE |
|---|---|---|
| ❑ 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 ended | Day after loss of coverage OR first day of the month following loss of other coverage |
| ❑ Divorce | Copy of the signed divorce decree and written documentation from the employer on company letterhead providing names of covered participants, date coverage ended and what coverage was lost (i.e., medical, dental, vision) | Day after loss of coverage OR first day of the month following loss of other coverage |
| ❑ 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 ended, reason why coverage ended and what coverage was lost (i.e., medical, dental, vision) | Day after loss of coverage OR first day of the month following loss of other coverage |
| ❑ 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 ended, reason for the loss of eligibility and what coverage was lost (i.e., medical, dental, vision) | Day after loss of coverage OR first day of the month following loss of other coverage |
| ❑ 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, stating that the lifetime maximum has been met and what coverage was lost (i.e., medical, dental, vision) | Day after loss of coverage OR first day of the month following loss of other coverage |
| ❑ Loss of TennCare (does not include a loss due to failure to pay premiums) | Written documentation from TennCare providing the names of covered participants, date coverage ended and the reason why coverage ended | Day after loss of coverage OR first day of the month following loss of other coverage |
| ❑ 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 ended, reason why coverage ended and what coverage was lost (i.e., medical, dental, vision) | Day after loss of coverage OR first day of the month following loss of other coverage |
| ❑ 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, date coverage ended and what coverage was lost (i.e., medical, dental, vision) | Day after loss of coverage OR first day of the month following loss of other coverage |
| ❑ 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 ended, reason why coverage ended and what coverage was lost (i.e., medical, dental, vision) | Day after loss of coverage OR first day of the month following loss of other coverage |
| When a new dependent is acquired, a non-covered employee may use the event to enroll in employee only or family coverage. If the employee is already enrolled, they may add the new dependent and previously eligible dependents (those who were not enrolled when initially eligible and are otherwise still eligible). Required documentation is listed below. Employees only requesting to add a new dependent should follow regular enrollment procedures. | | |
| ❑ Acquires a new dependent — spouse | Copy of marriage certificate | Date of marriage OR first day of the month following marriage |
| ❑ Acquires a new dependent — newborn | Copy of birth certificate for newborn | Date of birth |
| ❑ Acquires a new dependent — adoption/ legal custody | Copy of adoption documents | Date of adoption or legal custody |