

Group Special Enrollment Period (SEP) Approval Requirements

| SEP Reason | Days | Documentation Required | Effective Date |
|---|----------------|---|---|
| Birth, legal adoption, court order | 60 | Employee enrollment/change form, or birth certificate or hospital issued record, adoptions papers, or court order | DOB, event date of adoption or court order |
| Marriage | 60 | Employee enrollment/change form, or certificate of marriage, or other legal documentation | First day of the month after event date, or first day of the month after plan selection/enrollment |
| Termination due to divorce | 30 | Employee enrollment/change form, or divorce decree, or other legal documentation | End of the month of event date, or end of the month after receipt of the change notification |
| Death | 60 | Employee enrollment/change form, or death certificate, or other legal documentation | Date of death |
| New hire | 60 | Employee enrollment/change form required if submitted more than 30 days from eligible effective date | Employee must satisfy the group waiting period and eligibility requirements and is effective first of the month after satisfying the waiting period |
| Employment or benefit eligibility status change to enroll | 30 | Employee enrollment/change form, or written notification, or statement from employer | Employee may need to first satisfy the group waiting period and may be effective the first of the month after event date, or first of the month after the date of plan selection/enrollment |
| Involuntary loss of other coverage | 60 | Employee enrollment/change form, or proof of loss of other coverage, or copy of ID card | First of the month after event date, or first of the month after date of plan selection/enrollment |
| Termination of employment or benefit eligibility status | 30 | Employee enrollment/change form, or written notification, or statement from employer | End of the month after event date. If notified after the 30 days - claim utilization will be checked and the termination date TBD |
| Voluntary termination of benefits | 30 | Employee enrollment/change form, or written notification, or statement from the employer | End of the month after event date or end of the month after notification of termination of benefits |
| Other | 30 or up to 60 | Exception only | TBD based on reason for each exception granted |

*Other to be used in special circumstances, such as Broker error or enrollment error, on a case-by-case basis