






## Proof of qualifying life event form

 <p><b>Who should use this form?</b></p>	<ul style="list-style-type: none"> <li>• A qualifying life event is a change in your life that lets you apply for health care coverage outside the annual open enrollment period. This is called a special enrollment period. Examples include getting married, moving to a Kaiser Permanente service area with access to new health plans, or losing coverage because you lost your job.</li> <li>• Use this Proof of Qualifying Life Event Form to submit your proof when applying directly to Kaiser Permanente if you or a dependent had a qualifying life event. You may also use this form to submit your proof when applying to your state’s health benefit exchange in Colorado or Washington (except Clark, Cowlitz, and certain other counties*). For all other exchange applications, check your state’s exchange for information on how to submit proof for exchange plans. It can help you figure out which type of proof you’ll need to provide for your qualifying life event.             <ul style="list-style-type: none"> <li>◦ <b>Kaiser Permanente for Individuals and Families (KPIF) plan members</b> should submit their proof along with the Account Change Form.</li> <li>◦ <b>People who aren’t Kaiser Permanente for Individuals and Families (KPIF) plan members</b> should submit their proof along with their Application for Health Care Coverage.</li> </ul> </li> </ul>
 <p><b>Who should not use this form?</b></p>	<ul style="list-style-type: none"> <li>• If you or any dependent you’re applying for are entitled to Medicare Part A or are enrolled in Medicare Part B, that applicant is not eligible to apply for new KPIF coverage. Visit <a href="https://kp.org/medicare">kp.org/medicare</a> to learn more about your Medicare plan options or to apply for Medicare coverage.</li> </ul>
 <p><b>How to use this form</b> California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*</p>	<ul style="list-style-type: none"> <li>• Fill out Steps 1, 2, and 3.</li> <li>• Submit this form and proof of your qualifying life event with your application or Account Change Form (if applicable). See “Submitting your proof” on page 13 for details.</li> </ul>
 <p><b>When to submit your proof</b> California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*</p>	<p>You have a limited period of time to submit your proof. Visit <a href="https://kp.org/specialenrollment">kp.org/specialenrollment</a> for details and deadlines.</p> <p>If we don’t get your proof in time, we’ll have to cancel your application or account change request. You may apply again if your special enrollment period is still in effect.</p> <p>For applications submitted on <a href="https://buykp.org">buykp.org</a>, submit your proof online.</p>
 <p><b>Need help?</b></p>	<p>Visit <a href="https://kp.org/specialenrollment">kp.org/specialenrollment</a> for more information. You can also call us at <b>1-800-494-5314 (TTY 711)</b>, or contact your broker/producer or Kaiser Permanente representative.</p>

\*In Washington, go to [kp.org/specialenrollment](https://kp.org/specialenrollment) to see if Kaiser Permanente is collecting proof for exchange qualifying life events in your county.

Primary applicant name



## STEP 1: Primary applicant information

### Who is the primary applicant?

- In an individual plan, the primary applicant is the person who'll be covered by the health plan.
- In a family plan, the primary applicant is the family member on the health plan who's authorized to make changes to the account.
- In a child-only plan (where offered) for a child under 18, the child is the primary applicant.

**Please note:** This isn't an application for health care coverage. To get health care coverage, you need to submit an application or Account Change Form.

First name

MI

Date of birth (mm/dd/yyyy)

Last name

Phone

Application ID number (if you applied online)

Social Security number (if any)

Health/medical record number (if any)

Home address (no P.O. boxes)

City

State

ZIP code

Parent/legal guardian (if primary applicant is under 18)

First name

Last name

Broker/producer or Kaiser Permanente representative (if any)

First name

Last name

Primary applicant name

## STEP 2: Qualifying life event information

Qualifying life event number from Step 3

Date of qualifying event (mm/dd/yyyy)

For loss of minimum essential health coverage, the date of the qualifying event is the last full day you were covered under your prior plan.

## STEP 3: Proof of your qualifying life event

- Check one box for your qualifying life event and one box for the proof you're sending (unless otherwise noted). Make sure the qualifying event and the type of proof apply to your state.
- Send one type of proof, unless otherwise noted.
- Send copies of official documents, not originals.
- Write this information about the primary applicant on the first page of your proof or on an attached page:
  - First and last name
  - Home address (no P.O. boxes)
  - Health/medical record number (if any)
  - Date of birth

Qualifying life event	Type of proof
<input type="checkbox"/> <b>1. Loss of minimum essential health coverage</b> California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*  <div style="background-color: #e0f0ff; padding: 10px;"> <p><b>Important: This is NOT a qualifying life event if:</b></p> <ul style="list-style-type: none"> <li>• You're losing coverage because you didn't pay your premiums.</li> <li>• Your plan was rescinded.</li> <li>• You had Medicare Part B coverage and don't have any other coverage.</li> <li>• You voluntarily ended your coverage.</li> <li>• You had temporary or short-term coverage like traveler's insurance.</li> </ul> </div>	<p><b>From your employer</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Letter or other document from your employer stating the employer dropped or will drop coverage or benefits for you, your spouse, or dependent family member and the date this coverage ended or will end.</li> <li><input type="checkbox"/> Letter or document from your employer stating the employer stopped or will stop contributing to the cost of coverage and the date this contribution ended or will end.</li> <li><input type="checkbox"/> Letter showing your employer's offer of COBRA coverage, including the effective date, or stating when your COBRA coverage ended or will end.</li> <li><input type="checkbox"/> Pay stubs of current and previous hours if you lost coverage because of a reduction in work hours.</li> <li><input type="checkbox"/> Proof of age and evidence of loss of coverage when a dependent child turns 26 and is no longer eligible to be covered under a parent's health plan.</li> </ul> <hr/> <p><b>From your carrier or Medicaid, Medi-Cal, Medicare, or other government programs</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Letter from your carrier showing a coverage end date, including a COBRA coverage end date.</li> <li><input type="checkbox"/> Letter from your student health plan indicating when student health coverage ended or will end.</li> <li><input type="checkbox"/> Letter or notice from Medicaid, Medi-Cal, or the Children's Health Insurance Program (CHIP) stating when Medicaid, Medi-Cal, or CHIP coverage ended or will end.</li> <li><input type="checkbox"/> Letter or notice from a government program, like TRICARE, Peace Corps, AmeriCorps, or Medicare, stating when that coverage ended or will end.</li> </ul> <hr/> <p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dated military discharge papers or Certificate of Release, including the date coverage ended or will end, if you're losing coverage because you're no longer on active military duty.</li> <li><input type="checkbox"/> Dated and signed written verification from a broker/producer or Kaiser Permanente representative, or dated letter from the carrier, if you are or were enrolled in a non-calendar-year plan that's ending, including the date the plan ended.</li> </ul>

\*In Washington, go to [kp.org/specialenrollment](http://kp.org/specialenrollment) to see if Kaiser Permanente is collecting proof for exchange qualifying life events in your county.

### STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<p><b>Loss of minimum essential health coverage</b> <i>(continued)</i></p> <p>Colorado†</p> <div style="background-color: #e6f2ff; padding: 10px; border: 1px solid #add8e6;"> <p><b>Important: This is NOT a qualifying life event if:</b></p> <ul style="list-style-type: none"> <li>You're losing coverage because you didn't pay your premiums.</li> <li>Your plan was rescinded.</li> <li>You had Medicare Part B coverage and don't have any other coverage.</li> <li>You voluntarily ended your coverage.</li> </ul> </div>	<p><b>From your employer</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Letter or other document from your employer stating the employer dropped or will drop coverage or benefits for you, your spouse, or dependent family member and the date this coverage ended or will end.</li> <li><input type="checkbox"/> Letter or document from your employer stating the employer stopped or will stop contributing to the cost of coverage and the date this contribution ended or will end.</li> <li><input type="checkbox"/> Letter showing your employer's offer of COBRA coverage, including the start date, or stating when your COBRA coverage ended or will end.</li> <li><input type="checkbox"/> Proof of age and evidence of loss of coverage when a dependent child turns 26 and is no longer eligible to be covered under a parent's health plan.</li> </ul> <hr/> <p><b>From your carrier or Medicaid, Medi-Cal, Medicare, or other government programs</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Letter from your carrier showing a coverage end date, including COBRA coverage end date.</li> <li><input type="checkbox"/> Letter from the Division of Insurance confirming your loss of minimum essential health coverage.</li> </ul>
<p><input type="checkbox"/> <b>2. Gaining or becoming a dependent through marriage</b></p> <p><b>Check 2 boxes total.</b></p> <p>District of Columbia, Virginia</p> <p>You have to submit proof of prior coverage for one spouse for at least one full day unless you were living in an area where no qualified health plan was offered through your state's health benefit exchange. Your state's exchange can tell you if no qualified health plan was available. You may send a screenshot from the exchange website or other proof the exchange provides.</p>	<p><b>Provide one of these:</b></p> <p>Proof of minimum essential coverage for one spouse for at least one full day in the last 60 days from your prior carrier (applicants within the U.S. only):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Paid premium invoice proving coverage within the last 60 days.</li> <li><input type="checkbox"/> Employer benefit record proving coverage within the last 60 days.</li> </ul> <p><b>And provide one of these:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Marriage certificate/license showing the date of the marriage.</li> <li><input type="checkbox"/> Official government record of the marriage, including a foreign record of marriage showing the date of the marriage.</li> </ul>

†In Colorado, Kaiser Permanente is collecting proof for exchange qualifying life events.

### STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<p><b>Gaining or becoming a dependent through marriage or domestic partnership registration</b> <i>(continued)</i></p> <p><b>Check 2 boxes total.</b></p> <p>California, Georgia, Hawaii, Maryland, Oregon, Washington*</p> <p>You have to submit proof of prior coverage for one spouse for at least one full day unless you were living in an area where no qualified health plan was offered through your state’s health benefit exchange. Your state’s exchange can tell you if no qualified health plan was available. You may send a screenshot from the exchange website or other proof the exchange provides.</p>	<p><b>Provide one of these:</b></p> <p>Proof of minimum essential coverage for one spouse for at least one full day in the last 60 days from your prior carrier (applicants within the U.S. only):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Paid premium invoice proving coverage within the last 60 days.</li> <li><input type="checkbox"/> Employer benefit record proving coverage within the last 60 days.</li> </ul> <p><b>And provide:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Marriage certificate/license showing the date of the marriage.</li> <li><input type="checkbox"/> Official government record of the marriage, including a foreign record of marriage showing the date of the marriage.</li> <li><input type="checkbox"/> Official government record, including date of domestic partnership registration.</li> </ul>
<p><b>Gaining or becoming a dependent through marriage or civil union partnership</b></p> <p><b>Check 2 boxes total.</b></p> <p>Colorado†</p> <p>You have to submit proof of prior coverage for one spouse for at least one full day unless you were living in an area where no qualified health plan was offered through your state’s health benefit exchange. Your state’s exchange can tell you if no qualified health plan was available. You may send a screenshot from the exchange website or other proof the exchange provides.</p>	<p><b>Provide one of these:</b></p> <p>Proof of minimum essential coverage for one spouse for at least one full day in the last 60 days from your prior carrier (applicants within the U.S. only):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Paid premium invoice proving coverage within the last 60 days.</li> <li><input type="checkbox"/> Employer benefit record proving coverage within the last 60 days.</li> </ul> <p><b>If you can’t provide proof of minimum essential coverage, you may send in one of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Official documentation showing that you are an American Indian or Native Alaskan.</li> <li><input type="checkbox"/> Proof that you lived for one or more days during the 60 days before your life event or during your most recent open enrollment period in a service area where no qualified health plan was available through your state’s health benefit exchange. You can provide a screenshot from the exchange website or other proof from the exchange.</li> <li><input type="checkbox"/> Proof that you lived outside of the United States or in a United States territory for one or more days during the 60 days before the date of the qualifying life event.</li> </ul> <p><b>And provide one of these:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Marriage certificate/license/other documentation showing the date of the marriage.</li> <li><input type="checkbox"/> Official government record, including date of civil union.</li> </ul>

\*In Washington, go to [kp.org/specialenrollment](http://kp.org/specialenrollment) to see if Kaiser Permanente is collecting proof for exchange qualifying life events in your county.

†In Colorado, Kaiser Permanente is collecting proof for exchange qualifying life events.

### STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<p><input type="checkbox"/> <b>3. Gaining or becoming a dependent through the birth of a child, adoption, or placement for adoption or foster care</b></p> <p>California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*</p>	<p><b>Birth of a child</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth certificate or application for a birth certificate for the child.</li> <li><input type="checkbox"/> Record from a clinic, hospital, doctor, midwife, institution, or other provider stating the child's date of birth.</li> <li><input type="checkbox"/> Military record showing the child's birth date and place of birth.</li> <li><input type="checkbox"/> Official government record of a foreign birth certificate showing the child's birth date and place of birth.</li> <li><input type="checkbox"/> Religious record showing the child's birth date and place of birth.</li> <li><input type="checkbox"/> Letter or other document from the carrier, like an Explanation of Benefits, showing that services related to birth or after-birth care were given to the child, the mother, or both, including the dates of service.</li> </ul> <p><b>Adoption or foster care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adoption letter or record showing date of adoption, dated and signed by a court official.</li> <li><input type="checkbox"/> Court order showing when the order started. It must have a filing date stamp.</li> <li><input type="checkbox"/> Official government record of a domestic adoption, or placement for adoption or foster care, showing the child's birth date and place of birth.</li> <li><input type="checkbox"/> U.S. Department of Homeland Security immigration document for foreign adoptions, including the date of the adoptions.</li> <li><input type="checkbox"/> Medical support court order. It must have a court filing date stamp.</li> <li><input type="checkbox"/> Foster care papers dated and signed by a court official.</li> </ul>
<p>Colorado†</p>	<p><b>Birth of a child</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth certificate or application for a birth certificate for the child.</li> </ul> <p><b>Adoption or foster care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adoption letter or record showing date of adoption, dated and signed by a court official.</li> <li><input type="checkbox"/> Court order showing when the order started. It must have a court filing date stamp.</li> <li><input type="checkbox"/> Official government record of a domestic adoption, or placement for adoption or foster care, showing the child's birth date and place of birth.</li> <li><input type="checkbox"/> U.S. Department of Homeland Security immigration document for foreign adoptions, including the date of the adoptions.</li> <li><input type="checkbox"/> Medical support court order. It must have a court filing date stamp.</li> <li><input type="checkbox"/> Foster care papers dated and signed by a court official.</li> </ul>
<p><input type="checkbox"/> <b>4. Child support order or other court order to cover a dependent</b></p> <p>California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Signed court order with court filing date stamp.</li> </ul>
<p>Colorado†</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Signed court order with court filing date stamp or dated Designated Beneficiary Agreement.</li> </ul>

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†In Colorado, Kaiser Permanente is collecting proof for exchange qualifying life events.

### STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<p><input type="checkbox"/> <b>5. Permanent relocation with access to new plans</b> California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*</p> <div style="background-color: #e6f2ff; padding: 10px; border: 1px solid #add8e6;"> <p>Choose <b>Permanent relocation with access to new plans</b>, if one of the following applies to you:</p> <ul style="list-style-type: none"> <li>• You moved from a non-Kaiser Permanente area to a Kaiser Permanente area.</li> <li>• You moved to a new state.</li> <li>• You moved from a foreign country or a United States territory.</li> <li>• You moved from a county that did not offer a qualified health plan.<sup>‡</sup></li> </ul> </div> <p><sup>‡</sup>You have to submit proof of prior coverage for all applicants from your prior carrier for at least one full day unless you were living in an area where no qualified health plan was offered through your state's health benefit exchange. Your state's exchange can tell you if no qualified health plan was available. You may send a screenshot from the exchange website or other proof the exchange provides.</p>	<p><b>Provide one of these:</b></p> <p>Proof of minimum essential coverage for all applicants from your prior carrier for at least one full day in the last 60 days (applicants moving within the U.S. only).</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Paid premium invoice proving coverage within the last 60 days.</li> <li><input type="checkbox"/> Employer benefit record proving coverage within the last 60 days.</li> </ul> <p><b>And, within 60 days of your move, provide any of these – one with your prior residential address and one with your new residential address (no P.O. boxes):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lease or rental agreement.</li> <li><input type="checkbox"/> Insurance documents, like homeowner's, renter's, or life insurance policy or statement.</li> <li><input type="checkbox"/> Mortgage deed, if it states the owner uses the property as the primary residence.</li> <li><input type="checkbox"/> Mortgage or rental payment receipt.</li> <li><input type="checkbox"/> Mail from the Department of Motor Vehicles, like a valid driver's license, vehicle registration, or change of address card.</li> <li><input type="checkbox"/> Mail from a government agency to your address, like a Social Security statement, or a notice from Temporary Assistance for Needy Families or Supplemental Nutrition Assistance Program.</li> <li><input type="checkbox"/> Your valid state ID.</li> <li><input type="checkbox"/> Internet, cable, or other utility bill (including any public utility like a gas or water bill) or other confirmation of service (including a utility hookup or work order).</li> <li><input type="checkbox"/> Telephone bill showing your address (cellphone or wireless bills are OK).</li> <li><input type="checkbox"/> Mail from a financial institution, like a bank statement.</li> <li><input type="checkbox"/> U.S. Postal Service change of address confirmation letter.</li> <li><input type="checkbox"/> Pay stub showing your address.</li> <li><input type="checkbox"/> Voter registration card showing your name and address.</li> <li><input type="checkbox"/> Documents from the Department of Corrections, jail, or prison showing recent release or parole, including a dated order of parole, dated order of release, or an address certification.</li> <li><input type="checkbox"/> Naturalization papers signed and dated within the last 60 days or green card, Education Certificate, or visa (if you moved to the U.S. from another country).</li> </ul>

\*In Washington, go to [kp.org/specialenrollment](http://kp.org/specialenrollment) to see if Kaiser Permanente is collecting proof for exchange qualifying life events in your county.



### STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<p><b>Permanent relocation with access to new plans</b> <i>(continued)</i> Colorado<sup>†</sup></p> <p>Choose <b>Permanent relocation with access to new plans</b>, if one of the following applies to you:</p> <ul style="list-style-type: none"> <li>• You moved from a non-Kaiser Permanente area to a Kaiser Permanente area.</li> <li>• You moved to a new state.</li> <li>• You moved from a foreign country or a United States territory.</li> <li>• You moved from a county that did not offer a qualified health plan.<sup>‡</sup></li> </ul> <p><sup>‡</sup>You have to submit proof of prior coverage for all applicants from your prior carrier for at least one full day unless you were living in an area where no qualified health plan was offered through your state's health benefit exchange. Your state's exchange can tell you if no qualified health plan was available. You may send a screenshot from the exchange website or other proof the exchange provides.</p>	<p><b>Provide one of these:</b></p> <p>Proof of minimum essential coverage for all applicants from your prior carrier for at least one full day in the last 60 days (applicants moving within the U.S. only).</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Paid premium invoice proving coverage within the last 60 days.</li> <li><input type="checkbox"/> Employer benefit record proving coverage within the last 60 days.</li> </ul> <p><b>And, within 60 days of your move, provide any of these – one with your prior residential address and one with your new residential address (no P.O. boxes):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lease or rental agreement.</li> <li><input type="checkbox"/> Mortgage deed, if it states the owner uses the property as the primary residence.</li> <li><input type="checkbox"/> Valid driver's license from the Department of Motor Vehicles.</li> <li><input type="checkbox"/> Internet, cable, or other utility bill (including any public utility like a gas or water bill) or other confirmation of service (including a utility hookup or work order).</li> <li><input type="checkbox"/> Telephone bill showing your address (cellphone or wireless bills are OK).</li> <li><input type="checkbox"/> U.S. Postal Service change of address confirmation letter.</li> </ul>

<sup>†</sup>In Colorado, Kaiser Permanente is collecting proof for exchange qualifying life events.



### STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<p><input type="checkbox"/> <b>6. Change in income changing your eligibility for federal financial assistance through the health benefit exchange</b></p> <p>California, Colorado<sup>†</sup>, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*</p> <p><b>You must apply through your state's health benefit exchange. The exchange may require you to submit proof of change in income directly to the exchange.</b></p>	<p><b>Provide one of these:</b></p> <p>Proof of minimum essential coverage for all applicants from your prior carrier for at least one full day in the last 60 days.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Paid premium invoice proving coverage within the last 60 days.</li> <li><input type="checkbox"/> Employer benefit record proving coverage within the last 60 days.</li> </ul> <p><b>And provide:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Most recent eligibility determination from your state's health benefit exchange showing determination date.</li> </ul>
<p><input type="checkbox"/> <b>7. Changes in employer health coverage making you eligible for a premium tax credit</b></p> <p>You must apply through your health benefits exchange for the following states: California, Georgia, Hawaii, and Oregon. You can apply either through your health benefit exchange or directly with Kaiser Permanente for the following states/ jurisdictions: Colorado<sup>†</sup>, District of Columbia, Maryland, Virginia, Washington*.</p> <p><b>You're now eligible for a premium tax credit because your coverage through your employer has changed.</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Letter from employer stating change in minimum essential health coverage and showing determination date.</li> <li><input type="checkbox"/> Letter or other document from your employer stating the employer changed or will change coverage or benefits for you or for your spouse or dependent family member, so it's no longer considered qualifying health coverage, and the date this coverage or benefits changed or will change.</li> </ul>

\*In Washington, go to [kp.org/specialenrollment](https://www.kp.org/specialenrollment) to see if Kaiser Permanente is collecting proof for exchange qualifying life events in your county.

<sup>†</sup>In Colorado, Kaiser Permanente is collecting proof for exchange qualifying life events.

Primary applicant name

### STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<input type="checkbox"/> <b>8. Determination by your state's health benefit exchange of exceptional circumstances</b> California, Colorado <sup>†</sup> , District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*	<input type="checkbox"/> Letter or notice from your state's health benefit exchange stating you're eligible for a special enrollment period and showing determination date.
<input type="checkbox"/> <b>9. Losing a dependent through divorce, dissolution of domestic partnership, or legal separation</b> California, Maryland	<input type="checkbox"/> Divorce decree, dissolution agreement, or separation agreement with court filing date stamp.
<b>Losing a dependent through divorce, dissolution of a civil union partnership, or legal separation</b> Colorado <sup>†</sup>	<input type="checkbox"/> Divorce decree, dissolution agreement, or separation agreement with court filing date stamp.
<input type="checkbox"/> <b>10. Death of the subscriber or a dependent</b> California, Maryland	<input type="checkbox"/> Death certificate.
Colorado <sup>†</sup>	<input type="checkbox"/> Death certificate or obituary.
<input type="checkbox"/> <b>11. Release from incarceration</b> California, Colorado <sup>†</sup>	<input type="checkbox"/> Documents from the Department of Corrections, jail, or prison showing recent release or parole, including a dated order of parole, dated order of release, or an address certification.
<input type="checkbox"/> <b>12. Misinformation about your enrollment in minimum essential coverage</b> California	<input type="checkbox"/> Notice from your state's health benefit exchange or the Department of Managed Health Care stating you're eligible for a special enrollment period and showing determination date.
<input type="checkbox"/> <b>13. Provider network changes</b> California	<input type="checkbox"/> Notice that the provider is no longer participating in the health benefit plan and showing determination date.

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<sup>†</sup>In Colorado, Kaiser Permanente is collecting proof for exchange qualifying life events.

Primary applicant name

### STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<input type="checkbox"/> <b>14. Contract violation</b> California	<input type="checkbox"/> Written confirmation, with date, from the Department of Managed Health Care that the health plan in which you're enrolled has substantially violated a material provision of your contract.
Colorado†	<input type="checkbox"/> Written confirmation, with date, from the Division of Insurance that the health plan in which you're enrolled has substantially violated a material provision of your contract.
<input type="checkbox"/> <b>15. Domestic violence or spousal abandonment occurring within the household</b> California, Colorado†, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*	<input type="checkbox"/> Attestation stating you're a victim of domestic abuse or spousal abandonment.
<input type="checkbox"/> <b>16. Change in immigration status</b> California, Colorado†, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington* You must apply through your state's health benefit exchange	<input type="checkbox"/> Official documentation of a change in citizenship or immigration status.
<input type="checkbox"/> <b>17. Coverage as American Indian/Native Alaskan</b> California, Colorado†, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington* You must apply through your state's health benefit exchange	<input type="checkbox"/> Official documentation showing your status.
<input type="checkbox"/> <b>18. Determination by the Department of Insurance Commissioner of exceptional circumstances</b> Colorado†	<input type="checkbox"/> Letter or notice from the Department of Insurance Commissioner stating you're eligible for a special enrollment period and showing determination date.

\*In Washington, go to [kp.org/specialenrollment](http://kp.org/specialenrollment) to see if Kaiser Permanente is collecting proof for exchange qualifying life events in your county.

†In Colorado, Kaiser Permanente is collecting proof for exchange qualifying life events.

### STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<input type="checkbox"/> <b>19. Initial confirmation of pregnancy by a health care practitioner</b> Maryland	<input type="checkbox"/> A document from your health care practitioner dated within the last 90 days confirming your initial pregnancy.
<input type="checkbox"/> <b>20. Loss of Short Term Health Coverage</b> Colorado <sup>†</sup>	<input type="checkbox"/> Dated and signed proof providing evidence of the termination of a short-term policy with an expiration date on or after April 1, 2019, that indicates that the carrier has ceased all short-term policy sales in the state, or that the carrier has exited the market, which includes, but is not limited to, written communication from the carrier or from a broker or Kaiser Permanente representative.
<input type="checkbox"/> <b>21. Eligibility to purchase an individual health plan through an individual coverage health reimbursement arrangement (ICHRA) or a qualified small employer health reimbursement arrangement (QSEHRA)</b> California, Colorado <sup>†</sup> , District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*	<input type="checkbox"/> Letter or other documentation stating you are now eligible to purchase an individual health plan through an individual coverage health reimbursement arrangement (ICHRA) or a qualified small employer health reimbursement arrangement (QSEHRA) including the date showing when you are first eligible for the ICHRA or QSEHRA.

**By submitting a signed application or Account Change Form and proof of your qualifying life event, you're saying that the qualifying life event happened. It's important that we get proof of your qualifying life event. We will rely on your signature and proof to decide if you can enroll during a special enrollment period. If we determine that the qualifying life event didn't happen, or we learn of any other inaccuracy in the information that is included in the application, Account Change Form or any other information that you submit, we may take legal action. The legal action may include but is not limited to canceling your coverage retroactively to the day it started. You may also be responsible for the full charges of any services that you received.**

\*In Washington, go to [kp.org/specialenrollment](http://kp.org/specialenrollment) to see if Kaiser Permanente is collecting proof for exchange qualifying life events in your county.

<sup>†</sup>In Colorado, Kaiser Permanente is collecting proof for exchange qualifying life events.

# Submitting your proof

## How are you applying?

- **If you're applying online:** Sign in at [buykp.org](http://buykp.org) and upload your proof. You don't need to upload this form.
- **In Washington (except Clark, Cowlitz, and certain other counties):**
  - If you're applying online through Washington Healthplanfinder: Sign in to [kp.org/wa/if-exchange](http://kp.org/wa/if-exchange) and upload your proof. You don't need to upload this form with your proof.
  - If you're applying online directly through Kaiser Permanente: Sign in to [kp.org/wa/if-myaccount](http://kp.org/wa/if-myaccount) and upload this form with your proof.
- **If you're applying by mail or fax:** Use the information on this page to send your proof and this form to the address or fax number for your area.

## Send application and proof along with this form:

### By mail

California, Colorado, Georgia, Hawaii, Oregon, and southwest Washington (Clark and Cowlitz counties):

Kaiser Permanente for Individuals and Families  
P.O. Box 23219  
San Diego, CA 92193-9921

Maryland and Virginia:

Employer Services Dept./KPIF 5W  
Kaiser Permanente for Individuals and Families  
2101 East Jefferson St.  
Rockville, MD 20852-9995

Washington (except Clark, Cowlitz, and certain other counties):

Kaiser Foundation Health Plan of Washington  
Membership Administration  
P.O. Box 34750  
Seattle, WA 98124-1750

### By fax

California .....	1-866-816-5139
Colorado.....	1-866-920-6471
Georgia.....	1-866-920-6476
Hawaii .....	1-866-920-6470
Maryland and Virginia.....	1-855-414-2796
Oregon .....	1-866-920-6473
Washington (Clark and Cowlitz counties).....	1-866-920-6475
Washington (except Clark, Cowlitz, and certain other counties).....	206-630-7001

**To get an Account Change Form, call  
1-800-494-5314 (TTY 711).**

*(continues)*

## Submitting your proof *(continued)*

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### Send Account Change Form and proof along with this form:

#### By mail

##### California:

Kaiser Permanente for Individuals and Families  
P.O. Box 23127  
San Diego, CA 92193-9921

##### Colorado:

Kaiser Permanente for Individuals and Families  
P.O. Box 203004  
Denver, CO 80220-9004

##### Georgia:

Kaiser Permanente for Individuals and Families  
P.O. Box 203005  
Denver, CO 80220-9005

##### Hawaii:

Kaiser Permanente for Individuals and Families  
P.O. Box 203006  
Denver, CO 80220-9006

##### Maryland and Virginia:

Employer Services Dept./KPIF 5W  
Kaiser Permanente for Individuals and Families  
2101 East Jefferson St.  
Rockville, MD 20852-9995

##### Oregon and southwest Washington (Clark and Cowlitz counties):

Kaiser Permanente for Individuals and Families  
P.O. Box 203007  
Denver, CO 80220-9007

##### Washington (except Clark, Cowlitz, and certain other counties):

Kaiser Foundation Health Plan of Washington  
Membership Administration  
P.O. Box 34750  
Seattle, WA 98124-1750

#### By fax

California ..... 1-855-355-5334

Colorado, Georgia, Hawaii,  
Oregon, and southwest Washington

(Clark and Cowlitz counties) ..... 1-866-846-2650

Maryland and Virginia ..... 1-855-414-2796

Washington (except Clark, Cowlitz, and certain other  
counties) ..... 206-630-7001

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In California, KFHP plans are offered and underwritten by Kaiser Foundation Health Plan, Inc., One Kaiser Plaza, Oakland, CA 94612 • In Colorado, all plans are offered and underwritten by Kaiser Foundation Health Plan of Colorado, 10350 E. Dakota Ave., Denver, CO 80247 • In Georgia, all plans are offered and underwritten by Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Rd. NE, Atlanta, GA 30305 • In Hawaii, all plans are offered and underwritten by Kaiser Foundation Health Plan, Inc., 711 Kapiolani Blvd., Honolulu, HI 96813 • In Oregon and southwest Washington (Clark and Cowlitz counties), all plans are offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • In Washington (except Clark, Cowlitz, and certain other counties), all plans are offered and underwritten by Kaiser Foundation Health Plan of Washington, 601 Union St., Suite 3100, Seattle, WA 98101 • In Maryland, Virginia, and the District of Columbia, all plans are offered and underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., 2101 E. Jefferson St., Rockville, MD 20852.

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