

# Vermont Affidavit for Qualifying Event Special Open Enrollment Period



## Instructions for Completing this Affidavit

Complete this Affidavit if you are seeking to enroll in an individual insurance plan through MVP Health Plan, Inc. (MVP) **outside of the annual Open Enrollment period**. You are completing this Affidavit as a Subscriber (and on behalf of your Spouse and/or Child, if applicable) and within 60 days of the occurrence of at least one of the Qualifying Events below. Check all events that apply.

**Date of the Qualifying Event:** \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

*MVP must receive notice and any premium payment due within 60 days of any Qualifying Event(s).*

## Section 1: Qualifying Events (Check all that apply)

- I, or My Spouse or Child, have lost minimum essential coverage due to losing employer-based coverage, divorce, the end of an individual policy plan year, COBRA expiration, aging off a parent's plan, losing eligibility for Medicaid or Dr. Dynasaur (SCHIP), and other similar circumstances. (Voluntary termination or termination for non-payment does not qualify as a loss of coverage.)
- I have moved and have become eligible for new health plans.<sup>†</sup>
- I have gained a Dependent or become a Dependent through marriage<sup>‡</sup>, birth, adoption, placement for adoption, or other similar circumstances.
- I have become pregnant (certification from a doctor is required for effective date eligibility; 60-day rule does not apply).
- I qualify under Section 4 of the Indian Health Care Improvement Act (you may enroll or change enrollment once per month).
- I have another qualifying event not listed here.

**If one of the following Qualifying Events applies to you, this Affidavit must be notarized below.**

- My enrollment or non-enrollment in another health plan was unintentional, inadvertent, or erroneous, and was the result of the error, misrepresentation, or inaction of an officer, employee, or agent of a health plan or the Exchange.
- I can adequately demonstrate to MVP that another health plan in which I was enrolled substantially violated a material provision of its contract.
- I am newly eligible, or newly ineligible, for advance payments of the premium tax credit, or have a change in eligibility for cost-sharing reductions.

## Section 2: Attestation

Through my signature below, I certify that I (and my Spouse and/or Child, if applicable), meet the guidelines to enroll in an individual plan through MVP based on the above qualifying event(s) that I have indicated apply. I declare that I have made this certification to the best of my knowledge and belief. Should I later learn or discover that one, or all, of the qualifying events I indicated above was not true and correct, I will promptly notify MVP of this new information.

I further certify that if I checked any of the Qualifying Events indicated with "†", that all qualified enrollees can demonstrate that they had minimum essential coverage as described in U.S. Code 26CFR §1.5000A-1(b) for one or more days during the 60 days preceding the qualifying event.

Signature

Name (print)

Address

Phone No.

## Section 3: Notarization (For Notary Public use only)

**This Affidavit must be notarized if any of the qualifying events requiring notarization as indicated above are checked.**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public