

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: _____

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.[†]
- I have gained a Dependent or become a Dependent through marriage[‡], 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