



Group Special Enrollment Period (SEP) Approval Requirements

Updated and Effective March 28, 2022

Approved SEPs, Notification timeline in Days, Documentation Required and Effective Date

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 change	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 Voluntary 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