

Proof of qualifying life event form

 Who should use this form?	<ul style="list-style-type: none"> • 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. • 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"> ◦ Kaiser Permanente for Individuals and Families (KPIF) plan members should submit their proof along with the Account Change Form. ◦ People who aren't Kaiser Permanente for Individuals and Families (KPIF) plan members should submit their proof along with their Application for health coverage.
 Who should not use this form?	<ul style="list-style-type: none"> • 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 kp.org/medicare to learn more about your Medicare plan options or to apply for Medicare coverage.
 How to use this form California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*	<ul style="list-style-type: none"> • Fill out Steps 1, 2, and 3. • 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 15 for details.
 When to submit your proof California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*	<p>You have a limited period of time to submit your proof. Visit kp.org/speciaenrollment 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 buykp.org, submit your proof online.</p>
 Need help?	<p>Visit kp.org/speciaenrollment for more information. You can also call us at 1-800-494-5314 (TTY 711), or contact your broker/producer or Kaiser Permanente representative.</p>

*In Washington, go to kp.org/speciaenrollment 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 (mobile phone if available)

Application ID number (if you applied online)

Social Security number (if any)

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"/> 1. Loss of minimum essential health coverage California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*	From your employer <ul style="list-style-type: none"><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.<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.<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.<input type="checkbox"/> Pay stubs of current and previous hours if you lost coverage because of a reduction in work hours.<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. <hr/> From your carrier or Medicaid, Medi-Cal, Medicare, or other government programs <ul style="list-style-type: none"><input type="checkbox"/> Letter from your carrier showing a coverage end date, including a COBRA coverage end date.<input type="checkbox"/> Letter from your student health plan indicating when student health coverage ended or will end.<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.<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. <hr/> Other <ul style="list-style-type: none"><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.<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.

Important: This is NOT a qualifying life event if:

- You're losing coverage because you didn't pay your premiums.
- Your plan was rescinded.
- You had Medicare Part B coverage and don't have any other coverage.
- You voluntarily ended your coverage.
- You had temporary or short-term coverage like traveler's insurance.

*In Washington, go to kp.org/specialenrollment to see if Kaiser Permanente is collecting proof for exchange qualifying life events in your county.

Primary applicant name

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

Qualifying life event	Type of proof
<p>Loss of minimum essential health coverage <i>(continued)</i></p> <p>Colorado</p> <p>Important: This is NOT a qualifying life event if:</p> <ul style="list-style-type: none">• You're losing coverage because you didn't pay your premiums.• Your plan was rescinded.• You had Medicare Part B coverage and don't have any other coverage.• You voluntarily ended your coverage.	<p>No proof required with your application.</p>
<p>2. Gaining, becoming, or losing a dependent, or death of a subscriber or a dependent</p> <p><input type="checkbox"/> 2a. Gaining or becoming a dependent through marriage</p> <p>Check 2 boxes total.</p> <p>District of Columbia, Virginia</p> <p>This event requires proof of prior coverage. Visit kp.org/specialenrollment for more information.</p>	<p>Provide one of these:</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"><input type="checkbox"/> Paid premium invoice proving coverage within the last 60 days.<input type="checkbox"/> Employer benefit record proving coverage within the last 60 days. <p>And provide one of these:</p> <ul style="list-style-type: none"><input type="checkbox"/> Marriage certificate/license showing the date of the marriage.<input type="checkbox"/> Official government record of the marriage, including a foreign record of marriage showing the date of the marriage.

Primary applicant name

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

Qualifying life event	Type of proof
<p><input type="checkbox"/> 2b. Gaining or becoming a dependent through marriage or domestic partnership registration</p> <p>Check 2 boxes total.</p> <p>California, Georgia, Hawaii, Maryland, Oregon, Washington*</p> <p>This event requires proof of prior coverage. Visit kp.org/specialenrollment for more information.</p>	<p>Provide one of these:</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"><input type="checkbox"/> Paid premium invoice proving coverage within the last 60 days.<input type="checkbox"/> Employer benefit record proving coverage within the last 60 days. <p>And provide:</p> <ul style="list-style-type: none"><input type="checkbox"/> Marriage certificate/license showing the date of the marriage.<input type="checkbox"/> Official government record of the marriage, including a foreign record of marriage showing the date of the marriage.<input type="checkbox"/> Official government record, including date of domestic partnership registration.
<p><input type="checkbox"/> 2c. Gaining or becoming a dependent through marriage or civil union partnership</p> <p>Check 2 boxes total.</p> <p>Colorado†</p> <p>This event requires proof of prior coverage. Visit kp.org/specialenrollment for more information.</p>	<p>Provide one of these:</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"><input type="checkbox"/> Paid premium invoice proving coverage within the last 60 days.<input type="checkbox"/> Employer benefit record proving coverage within the last 60 days. <p>If you can't provide proof of minimum essential coverage, you may send in one of the following:</p> <ul style="list-style-type: none"><input type="checkbox"/> Official documentation showing that you are an American Indian or Native Alaskan.<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.<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. <p>And provide one of these:</p> <ul style="list-style-type: none"><input type="checkbox"/> Marriage certificate/license/other documentation showing the date of the marriage.<input type="checkbox"/> Official government record, including date of civil union.

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†In Colorado, proof for qualifying life events is collected by Kaiser Permanente for health plans purchased on the exchange.

Primary applicant name

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

Qualifying life event	Type of proof
<p><input type="checkbox"/> 2d. Gaining or becoming a dependent through the birth of a child, adoption, or placement for adoption or foster care</p> <p>California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*</p>	<p>Birth of a child</p> <ul style="list-style-type: none"><input type="checkbox"/> Birth certificate or application for a birth certificate for the child.<input type="checkbox"/> Record from a clinic, hospital, doctor, midwife, institution, or other provider stating the child's date of birth.<input type="checkbox"/> Military record showing the child's birth date and place of birth.<input type="checkbox"/> Official government record of a foreign birth certificate showing the child's birth date and place of birth.<input type="checkbox"/> Religious record showing the child's birth date and place of birth.<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. <p>Adoption or foster care</p> <ul style="list-style-type: none"><input type="checkbox"/> Adoption letter or record showing date of adoption, dated and signed by a court official.<input type="checkbox"/> Court order showing when the order started. It must have a filing date stamp.<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.<input type="checkbox"/> U.S. Department of Homeland Security immigration document for foreign adoptions, including the date of the adoptions.<input type="checkbox"/> Medical support court order. It must have a court filing date stamp.<input type="checkbox"/> Foster care papers dated and signed by a court official.
<p>Colorado†</p>	<p>Birth of a child</p> <ul style="list-style-type: none"><input type="checkbox"/> Birth certificate or application for a birth certificate for the child. <p>Adoption or foster care</p> <ul style="list-style-type: none"><input type="checkbox"/> Adoption letter or record showing date of adoption, dated and signed by a court official.<input type="checkbox"/> Court order showing when the order started. It must have a court filing date stamp.<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.<input type="checkbox"/> U.S. Department of Homeland Security immigration document for foreign adoptions, including the date of the adoptions.<input type="checkbox"/> Medical support court order. It must have a court filing date stamp.<input type="checkbox"/> Foster care papers dated and signed by a court official.

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Primary applicant name

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

Qualifying life event	Type of proof
<input type="checkbox"/> 2e. Losing a dependent through divorce, dissolution of domestic partnership, or legal separation California, Maryland	<input type="checkbox"/> Divorce decree, dissolution agreement, or separation agreement with court filing date stamp.
<input type="checkbox"/> 2f. Losing a dependent through divorce, dissolution of a civil union partnership, or legal separation Colorado†	<input type="checkbox"/> Divorce decree, dissolution agreement, or separation agreement with court filing date stamp.
<input type="checkbox"/> 2g. Death of the subscriber or a dependent California, Maryland	<input type="checkbox"/> Death certificate.
Colorado†	<input type="checkbox"/> Death certificate or obituary.
<input type="checkbox"/> 3. Child support order or other court order to cover a dependent California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*	<input type="checkbox"/> Signed court order with court filing date stamp.
Colorado†	<input type="checkbox"/> Signed court order with court filing date stamp or dated Designated Beneficiary Agreement.

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Primary applicant name

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

Qualifying life event	Type of proof
<p><input type="checkbox"/> 4. Permanent relocation with access to new plans California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*</p> <p>Choose Permanent relocation with access to new plans, if one of the following applies to you:</p> <ul style="list-style-type: none">• You moved from a non-Kaiser Permanente area to a Kaiser Permanente area.• You moved to a new state.• You moved from a foreign country or a United States territory.• You moved from a county that did not offer a qualified health plan. <p>This event requires proof of prior coverage. Visit kp.org/specialenrollment for more information.</p>	<p>Provide one of these:</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"><input type="checkbox"/> Paid premium invoice proving coverage within the last 60 days.<input type="checkbox"/> Employer benefit record proving coverage within the last 60 days. <p>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):</p> <ul style="list-style-type: none"><input type="checkbox"/> Lease or rental agreement.<input type="checkbox"/> Insurance documents, like homeowner’s, renter’s, or life insurance policy or statement.<input type="checkbox"/> Mortgage deed, if it states the owner uses the property as the primary residence.<input type="checkbox"/> Mortgage or rental payment receipt.<input type="checkbox"/> Mail from the Department of Motor Vehicles, like a valid driver’s license, vehicle registration, or change of address card.<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.<input type="checkbox"/> Your valid state ID.<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).<input type="checkbox"/> Telephone bill showing your address (cellphone or wireless bills are OK).<input type="checkbox"/> Mail from a financial institution, like a bank statement.<input type="checkbox"/> U.S. Postal Service change of address confirmation letter.<input type="checkbox"/> Pay stub showing your address.<input type="checkbox"/> Voter registration card showing your name and address.<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"/> 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).

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Primary applicant name

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

Qualifying life event	Type of proof
<p>Permanent relocation with access to new plans <i>(continued)</i> Colorado</p> <p>Choose Permanent relocation with access to new plans, if one of the following applies to you:</p> <ul style="list-style-type: none">• You moved from a non-Kaiser Permanente area to a Kaiser Permanente area.• You moved to a new residence within our Kaiser Permanente service area where your current health plan is not available or you have additional health plan options.• You moved to a new state.• You moved from a foreign country or a United States territory.• You moved from a county that did not offer a qualified health plan.	<p>No proof required with your application.</p>

Primary applicant name

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

Qualifying life event	Type of proof
<p><input type="checkbox"/> 5. Changes in employer health coverage making you eligible for a premium tax credit</p> <p>California, Georgia, Hawaii, Oregon, Colorado[†], District of Columbia, Maryland, Virginia, Washington*</p> <p>You must apply through your state's health benefit exchange</p> <p>You're now eligible for a premium tax credit because your coverage through your employer has changed.</p>	<p><input type="checkbox"/> Letter from employer stating change in minimum essential health coverage and showing determination date.</p> <p><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.</p>
<p><input type="checkbox"/> 6. Determination by your state's health benefit exchange of exceptional circumstances</p> <p>California, Colorado[†], District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*</p>	<p><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.</p>
<p><input type="checkbox"/> 7. Eligibility to purchase an individual health plan through an individual coverage health reimbursement arrangement (ICHRA) or a qualified small employer health reimbursement arrangement (QSEHRA)</p> <p>California, Colorado[†], District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*</p>	<p><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.</p>

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

[†]In Colorado, proof for qualifying life events is collected by Kaiser Permanente for health plans purchased on the exchange.

Primary applicant name

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

Qualifying life event	Type of proof
<input type="checkbox"/> 8. Domestic violence or spousal abandonment occurring within the household 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"/> 9. Discontinuation of employer contribution to COBRA premium California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*	<input type="checkbox"/> Proof from your employer or COBRA administrator showing subsidies had been provided and the date they will end.
Colorado	No proof required with your application.
<input type="checkbox"/> 10. Release from incarceration California, Colorado [†]	<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"/> 11. Misinformation about your enrollment in minimum essential coverage 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"/> 12. Provider network changes California	<input type="checkbox"/> Notice that the provider is no longer participating in the health benefit plan and showing determination date.
<input type="checkbox"/> 13. Contract violation 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	No proof required with your application.

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Primary applicant name

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

Qualifying life event	Type of proof
<input type="checkbox"/> 14. Eligibility for app-based transportation or delivery network company health care stipend California	<input type="checkbox"/> A copy or a screen shot of your quarterly hours driven.
<input type="checkbox"/> 15. Determination by the Department of Insurance Commissioner of exceptional circumstances 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.
<input type="checkbox"/> 16. Loss of Short Term Health Coverage Colorado	No proof required with your application.
<input type="checkbox"/> 17. Initial confirmation of pregnancy by a health care practitioner District of Columbia, Maryland	<input type="checkbox"/> A document from your health care practitioner dated within the last 90 days confirming your initial pregnancy.
<input type="checkbox"/> 18. Change in employer health coverage making you ineligible for a premium tax credit or change in eligibility for cost share reductions Maryland	<input type="checkbox"/> Letter from employer stating change in minimum essential health coverage and showing determination date. <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.
<input type="checkbox"/> 19. Tax Season Easy Enrollment Maryland You must apply through your state's health benefit exchange	Your financial information has been validated by the Comptroller, and you don't need to send additional proof.

†In Colorado, proof for qualifying life events is collected by Kaiser Permanente for health plans purchased on the exchange.

Primary applicant name

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

Qualifying life event	Type of proof
<input type="checkbox"/> 20. Easy Enrollment for Unemployment Insurance Claimants Maryland You must apply through your state's health benefit exchange	If you received a letter from Maryland Health Connection stating you preliminarily qualified for health care coverage. Your financial information has been validated by the Maryland Health Connection and you don't need to send additional proof.
<input type="checkbox"/> 21. Change in immigration status 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"/> 22. Coverage as American Indian/Native Alaskan California, 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.
Colorado	No proof required with your application.

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Primary applicant name

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

Qualifying life event	Type of proof
<p><input type="checkbox"/> 23. Change in income changing your eligibility for federal financial assistance California, Colorado[†], District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington*</p> <p>You must apply through your state's health benefit exchange.</p>	<p>Provide one of these: 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"><input type="checkbox"/> Paid premium invoice proving coverage within the last 60 days.<input type="checkbox"/> Employer benefit record proving coverage within the last 60 days. <p>And provide:</p> <ul style="list-style-type: none"><input type="checkbox"/> Most recent eligibility determination from your state's health benefit exchange showing determination date.
<p><input type="checkbox"/> 24. Tax Time Enrollment Colorado</p>	<p>Your financial information has been validated through your tax filing and Connect for Health Colorado and you don't need to send additional proof.</p>
<p><input type="checkbox"/> 25. Paid penalty for not having health coverage California You must apply through your state's health benefit exchange</p>	<p>If you paid the Individual Shared Responsibility Penalty to California's Franchise Tax Board within the last 60 days, no proof is required.</p>

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Submitting your proof

How are you applying?

- **If you're applying online:** Sign in at kp.org/apply 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 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 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 below.
- **If you're applying through the health benefit exchange:** The health benefit exchange may require submission of proof.

Send application or Account Change Form and proof along with this form:

By mail

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

By fax

1-855-355-5334

To download an Account Change Form, visit kp.org/specialenrollment.

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 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, 1300 SW 27th Street, Renton, WA 98057
- 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.

