

Special Enrollment Provisions

Employee NOT currently enrolled acquires a new eligible dependent (spouse, newborn or adoptee)

- **Copy of the birth certificate, marriage certificate or adoption documents.**

Death

- **Copy of death certificate and written documentation from the employer on company letterhead providing names of covered participants and date coverage ended.**

Divorce

- **Copy of the signed divorce decree and written documentation from the employer on company letterhead providing names of covered participants, date coverage ended and reason why coverage ended.**

Legal separation

- **Copy of agreed order of legal separation and written documentation from the employer on company letterhead providing the names of covered participants, date coverage ended and the reason why coverage ended.**

Loss of eligibility (this does not include a loss due to failure of the employee or dependent to pay premiums on a timely basis or termination of coverage for cause)

- **Written documentation from the employer or insurance company on company letterhead providing names of covered participants, date coverage ended and the reason for the loss of eligibility.**

Loss of coverage due to exhausting lifetime benefit maximum (effective 1/1/06)

- **Written documentation from the insurance company on company letterhead providing names of covered participants, date coverage ended and stating that lifetime maximum has been met.**

Loss of TennCare (this does not include a loss due to failure of the employee or dependent to pay premiums on a timely basis)

- **Certificate of coverage from TennCare stating that coverage has been or will be terminated.**

Termination of employment (voluntary and non-voluntary)

- **Written documentation from the employer on company letterhead providing names of covered participants, date coverage ended and the reason why coverage ended.**

The reduction in the number of hours that caused loss of eligibility

- **Written documentation from the employer on company letterhead providing names of covered participants, date coverage ended and the reason why coverage ended.**

Employer's discontinuation of contributions to the spouse, ex-spouse or dependent insurance coverage (total contribution not partial)

- **Written documentation from the employer on company letterhead providing names of covered participants and verifying the employer's discontinuation of total contribution toward health insurance coverage.**