

Proof of qualifying life event guide

What is a qualifying life event?



- 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.
- You may use this guide to submit your proof when applying directly to Kaiser Permanente or to your state's health benefit exchange in Colorado or Washington. 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.
 - **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.
 - To download an Application or Account Change Form, visit kp.org/specialenrollment.

How to use this guide



Reference this guide to determine which proof (if necessary) is required to submit when applying during a special enrollment period. To avoid delays, submit your application and any required proof together.

If you'd like to submit your proof along with this guide, follow these instructions:

- Fill out the following page.
- Tear off the following page and attach it with the proof of your qualifying life event and your Application or Account Change Form (if applicable).
- Send one type of proof, unless otherwise noted.
- Your proof should be copies of official documents, not originals.

Where to submit your proof



- **If you're applying online:** Sign in at kp.org/apply and upload your proof. You don't need to upload this guide.
- **If you're applying by mail or fax,** send your documents to:

By mail:	By fax:
Kaiser Permanente for Individuals and Families	1-855-355-5334
P.O. Box 23127	
San Diego, CA 92193-9921	
- **If you're applying through the health benefit exchange:** The health benefit exchange may require submission of proof.

When to submit your proof



You have a limited period of time to submit your proof. Visit kp.org/specialenrollment for details and deadlines.

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.

For applications submitted on buykp.org, submit your proof online.

Need help?



Visit kp.org/specialenrollment for a comprehensive qualifying life event list. You can also call us at **1-800-494-5314 (TTY 711)**, or contact your broker/producer or Kaiser Permanente representative.

Qualifying life event and primary applicant information

You may use this page to attach with your submission of proof.

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.

Qualifying life event number from the following pages

Date of qualifying event (mm/dd/yyyy)

For loss of minimum essential health coverage, the date of the qualifying life event is the last full day you were covered under your prior plan.

First name

MI

Date of birth (mm/dd/yyyy)

Last name

Primary phone (mobile phone, if available)

Application ID number (if you applied online)

Social Security number (if any)

Medical record number (if any)

State (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

Proof of your qualifying life event

Qualifying life event

Type of proof



Change in health coverage

1. Loss of minimum essential health coverage

California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington†

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.

From your employer

- 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.
- 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.
- Pay stubs of current and previous hours if you lost coverage because of a reduction in work hours.
- Letter or document that indicates your coverage is ending due to age.

From COBRA

- Letter showing your employer's offer of COBRA coverage or stating when your COBRA coverage ended or will end. We must receive your application within 60 days of the date when your COBRA coverage will end as stated on your proof.
- Proof from your employer or COBRA administrator showing subsidies had been provided and the date they will end.

From your carrier or Medicaid, Medi-Cal, Medicare, or other government programs

- Letter from your carrier showing a coverage end date.
- 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.
- Letter or notice from a government program, like TRICARE, Peace Corps, AmeriCorps, or Medicare, stating when that coverage ended or will end.

Other loss of coverage (including individual coverage)

- Letter from your student health plan indicating when student health coverage ended or will end.
- Letter or other document from Social Security office stating that the person who covers you on their health plan is entitled to Medicare.
- Letter or other document from an employer stating that the person who covers you on their health plan is starting new employer coverage.
- 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.
- 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.

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

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
Loss of minimum essential health coverage <i>(continued)</i> Colorado <div> <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. </div>	No proof required with your application.
2. Eligibility to purchase an individual health plan through an individual coverage health reimbursement arrangement (ICHRA) or a qualified small employer health reimbursement arrangement (QSEHRA) California, Colorado [†] , District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington [†]	<ul style="list-style-type: none"> • 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.
3. Discontinuation of employer contribution or government subsidization of COBRA premiums California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington [†]	<ul style="list-style-type: none"> • 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.

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Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
4. Misinformation about your enrollment in minimum essential coverage California	<ul style="list-style-type: none"> • 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.
5. Provider network changes California	<ul style="list-style-type: none"> • Notice that the provider is no longer participating in the health benefit plan and showing determination date.
6. Eligibility for app-based transportation or delivery network company health care stipend California	<ul style="list-style-type: none"> • A copy or a screen shot of your quarterly hours driven.
7. Loss of Short Term Health Coverage Colorado	No proof required with your application.
8. Loss of pregnancy related coverage or loss of access to health care services through coverage provided to a pregnant woman's unborn child Maryland	<ul style="list-style-type: none"> • Letter or notice from Medicaid or Children's Health Insurance Program (CHIP) stating when Medicaid or CHIP coverage ended or will end.
9. Loss of medically needy coverage Maryland	<ul style="list-style-type: none"> • Letter or notice from Medicaid or Children's Health Insurance Program (CHIP) stating when Medicaid or CHIP coverage ended or will end.
10. Enrollment in any non-calendar year group health plan, individual health insurance coverage, or qualified small employer health reimbursement arrangement (QSEHRA) Maryland	<ul style="list-style-type: none"> • Dated and signed written verification from an agent/broker/producer 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.

Proof of your qualifying life event *(continued)*


Qualifying life event	Type of proof
11. Being potentially eligible for Medicaid or the Children's Health Insurance Program (CHIP), and being determined ineligible after open enrollment has ended or more than 60 days after the qualifying event Maryland	<ul style="list-style-type: none"> Letter or notice from Medicaid or Children's Health Insurance Program (CHIP), with date, stating that you are ineligible for coverage.
12. Newly ineligible for Advanced Premium Tax Credit or newly ineligible for cost-sharing reductions Maryland	<ul style="list-style-type: none"> Letter from employer stating change in minimum essential health coverage and showing determination date. 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.
13. Change in employer health coverage making you eligible for a premium tax credit California, Georgia, Hawaii, Oregon, Colorado [†] , District of Columbia, Maryland, Virginia, Washington [†]	<ul style="list-style-type: none"> Letter from employer stating change in minimum essential health coverage and showing determination date. 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.

You must apply through your state's health benefit exchange

You're now eligible for a premium tax credit because your coverage through your employer has changed.

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

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

Qualifying life event	Type of proof
<div> Change in household</div>	
<p>Gaining, becoming, or losing a dependent, or death of a subscriber or a dependent</p> <p>14a. Gaining or becoming a dependent through marriage</p> <p>Submit two types of proof</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">• Paid premium invoice proving coverage within the last 60 days.• Employer benefit record proving coverage within the last 60 days. <p>And provide one of these:</p> <ul style="list-style-type: none">• Marriage certificate/license showing the date of the marriage.• Official government record of the marriage, including a foreign record of marriage showing the date of the marriage.
<p>14b. Gaining or becoming a dependent through marriage or domestic partnership registration</p> <p>Submit two types of proof</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">• Paid premium invoice proving coverage within the last 60 days.• Employer benefit record proving coverage within the last 60 days. <p>And provide:</p> <ul style="list-style-type: none">• Marriage certificate/license showing the date of the marriage.• Official government record of the marriage, including a foreign record of marriage showing the date of the marriage.• Official government record, including date of domestic partnership registration.

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

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<p>14c. Gaining or becoming a dependent through marriage or civil union partnership</p> <p>Submit two types of proof</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">• Paid premium invoice proving coverage within the last 60 days.• 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">• Official documentation showing that you are an American Indian or Native Alaskan.• 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.• 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">• Marriage certificate/license/other documentation showing the date of the marriage.• Official government record, including date of civil union.

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

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
14d. Gaining or becoming a dependent through the birth of a child, adoption, or placement for adoption or foster care California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington [†]	Birth of a child <ul style="list-style-type: none"> • Birth certificate or application for a birth certificate for the child. • Record from a clinic, hospital, doctor, midwife, institution, or other provider stating the child's date of birth. • Military record showing the child's birth date and place of birth. • Official government record of a foreign birth certificate showing the child's birth date and place of birth. • Religious record showing the child's birth date and place of birth. • 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. Adoption or foster care <ul style="list-style-type: none"> • Adoption letter or record showing date of adoption, dated and signed by a court official. • Court order showing when the order started. It must have a filing date stamp. • Official government record of a domestic adoption, or placement for adoption or foster care, showing the child's birth date and place of birth. • U.S. Department of Homeland Security immigration document for foreign adoptions, including the date of the adoptions. • Medical support court order. It must have a court filing date stamp. • Foster care papers dated and signed by a court official.
14d. Gaining or becoming a dependent through the birth of a child, adoption, or placement for adoption or foster care <i>(continued)</i> Colorado [†]	Birth of a child <ul style="list-style-type: none"> • Birth certificate or application for a birth certificate for the child. Adoption or foster care <ul style="list-style-type: none"> • Adoption letter or record showing date of adoption, dated and signed by a court official. • Court order showing when the order started. It must have a court filing date stamp. • Official government record of a domestic adoption, or placement for adoption or foster care, showing the child's birth date and place of birth. • U.S. Department of Homeland Security immigration document for foreign adoptions, including the date of the adoptions. • Medical support court order. It must have a court filing date stamp. • Foster care papers dated and signed by a court official
14e. Losing a dependent through divorce, dissolution of domestic partnership, or legal separation California, Maryland	<ul style="list-style-type: none"> • Divorce decree, dissolution agreement, or separation agreement with court filing date stamp.

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

Proof of your qualifying life event *(continued)*


Qualifying life event	Type of proof
14f. Losing a dependent through divorce, dissolution of a civil union partnership, or legal separation Colorado [†]	<ul style="list-style-type: none"> Divorce decree, dissolution agreement, or separation agreement with court filing date stamp.
14g. Death of the subscriber or a dependent California, Maryland Colorado [†]	<ul style="list-style-type: none"> Death certificate. Death certificate or obituary.
15. Child support order or other court order to cover a dependent California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington [†] Colorado [†]	<ul style="list-style-type: none"> Signed court order with court filing date stamp. Signed court order with court filing date stamp or dated Designated Beneficiary Agreement.
16. Domestic violence or spousal abandonment occurring within the household California, Colorado [†] , District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington [†]	<ul style="list-style-type: none"> Attestation stating you're a victim of domestic abuse or spousal abandonment.

Change in income

17. Change in income changing your eligibility for federal financial assistance California, Colorado [†] , District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington [†] <div> You must apply through your state's health benefit exchange </div>	<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.</p> <ul style="list-style-type: none"> Paid premium invoice proving coverage within the last 60 days. Employer benefit record proving coverage within the last 60 days. <p>And provide:</p> <ul style="list-style-type: none"> Most recent eligibility determination from your state's health benefit exchange showing determination date.
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[†]In this state, proof for qualifying life events is collected by Kaiser Permanente for health plans purchased on the exchange.

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
 Change in residence	
18. Permanent relocation with access to new plans California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington†	<p>If you have permanently relocated (moved) to the United States from another country Send the following: If you are a non-U.S. citizen moving to the United States, provide all of the following documentation:</p> <ul style="list-style-type: none">• Signed naturalization papers, green card, education certificate, or visa dated within the last 60 days.• If your document is more than 60 days old, also include proof of entry dated within the last 60 days. This could be an arrival/departure record (I-94/I-94A) showing your date of entry into the U.S.• Proof of new address within our service area dated within the last 60 days (see below for examples). <p>If you are a U.S. citizen moving back to the United States, provide all of the following documentation:</p> <ul style="list-style-type: none">• Proof of U.S. citizenship. This can include U.S. Birth Certificate or a U.S. Passport.• Proof of entry dated in the last 60 days. This could be an arrival/departure record showing your entry date into the U.S.• Proof of prior overseas residence and current address within our service area dated within the last 60 days. <p>Examples of proof of residence include:</p> <ul style="list-style-type: none">• Lease or rental agreement.• Insurance documents, like homeowner's, renter's, or life insurance policy or statement.• Mortgage deed, if it states that the owner uses the property as the primary residence.• Mortgage or rental payment receipt.• 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).• Telephone bill showing your address (cellphone or wireless bills are OK).• Mail from a financial institution, like a bank statement.• Pay stub showing your address. <p>If you have permanently relocated (moved) within the United States Send a total of three pieces: 1) One of the following 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">• Paid premium invoice proving coverage within the last 60 days.• Employer benefit record proving coverage within the last 60 days.<p>2 and 3) Within 60 days of your move: one of the following items showing your previous address and one showing your current address (no P.O. boxes):</p><ul style="list-style-type: none">• Lease or rental agreement.• Insurance documents, like homeowner's, renter's, or life insurance policy or statement.

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

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<p>18. 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 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. 	<ul style="list-style-type: none"> • Mortgage deed, if it states the owner uses the property as the primary residence. • Mortgage or rental payment receipt. • Mail from the Department of Motor Vehicles, like a valid driver's license, vehicle registration, or change of address card. • 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. • Your valid state ID. • 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). • Telephone bill showing your address (cellphone or wireless bills are OK). • Mail from a financial institution, like a bank statement. • U.S. Postal Service change of address confirmation letter. • Pay stub showing your address. • Voter registration card showing your name and address. • 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.

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

Proof of your qualifying life event (continued)

Qualifying life event	Type of proof
<div>18. Permanent relocation with access to new plans</div> <div>(Continued)</div> <div>Colorado</div> <div><div><div>Choose Permanent relocation with access to new plans, if one of the following applies to you:</div><div><div><div>You moved from a non-Kaiser Permanente area to a Kaiser Permanente area.</div><div>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.</div><div>You moved to a new state.</div><div>You moved from a foreign country or a United States territory.</div><div>You moved from a county that did not offer a qualified health plan.</div></div></div></div></div>	<div>No proof required with your application.</div>

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
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Other qualifying life events

19. Determination by your state's health benefit exchange of exceptional circumstances California, Colorado [†] , District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington [†]	<ul style="list-style-type: none"> Letter or notice from your state's health benefit exchange stating you're eligible for a special enrollment period and showing determination date.
20. Determination by the Department of Insurance Commissioner of exceptional circumstances Colorado [†]	<ul style="list-style-type: none"> Letter or notice from the Department of Insurance Commissioner stating you're eligible for a special enrollment period and showing determination date.
21. Demonstrating that a qualified plan substantially violated a material provision of its contract in relation to the enrollee California	<ul style="list-style-type: none"> 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.
Maryland	<ul style="list-style-type: none"> Written confirmation, with date, from the Maryland Insurance Administration that the health plan in which you're enrolled has substantially violated a material provision of your contract.
22. Initial confirmation of pregnancy by a health care practitioner Maryland	<ul style="list-style-type: none"> Document from your health care provider confirming your initial pregnancy. You have 90 days from the time your pregnancy is confirmed to enroll.
Colorado [†]	<ul style="list-style-type: none"> Document from your health care provider confirming your initial pregnancy.
23. Release from incarceration California, Colorado	No proof required with your application.
District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington	If you were recently released from incarceration (jail), you'll have to apply through your state's health benefit exchange. No proof is required.

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

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
24. 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.	<ul style="list-style-type: none"> Official documentation showing your status.
Colorado	No proof required with your application.
25. 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.	<ul style="list-style-type: none"> Official documentation of a change in citizenship or immigration status.
26. Paid penalty for not having health coverage California You must apply through your state's health benefit exchange.	If you paid the Individual Shared Responsibility Penalty to California's Franchise Tax Board within the last 60 days, no proof is required.
27. Tax Time Enrollment Colorado	Your financial information has been validated through your tax filing and Connect for Health Colorado and you don't need to send additional proof.
Virginia	Your financial information has been validated through your tax filing and the Virginia Insurance Marketplace and you don't need to send additional proof.

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

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
28. Tax Season Easy Enrollment Maryland <div>You must apply through your state's health benefit exchange.</div>	Your financial information has been validated by the Comptroller, and you don't need to send additional proof.
29. Monthly Special Enrollment Period (SEP) for low-income subscribers Washington <div>You must apply through your state's health benefit exchange.</div>	If your income falls below 250% of the federal poverty level, your state's exchange will determine if you qualify for a monthly special enrollment period and will let you know what, if any, proof is required.
30. Easy Enrollment for Unemployment Insurance Claimants Maryland <div>You must apply through your state's health benefit exchange.</div>	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.

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, 2715 Naches Ave. SW, 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., 4000 Garden City Drive, Hyattsville, MD 20785.