

You must complete and submit an application for health insurance along with this form. Don't submit this form by itself.

- Complete this form if anyone submitting a paper application needs to get health insurance after the open enrollment period has ended.
- Certain life events allow you to get coverage during a special enrollment period with the Health Connector, even though open enrollment has ended.
- You can enroll any time of year without one of the life events below if:
 - You qualify for MassHealth.
 - You now qualify for a ConnectorCare plan through the Health Connector after not having qualified in the past, or after applying for the first time.
 - You are a member of a federally recognized tribe or Alaska Native shareholder.
- If you haven't had any of the life events below, you do not have to fill out this form.

Life events: Tell us about any of the following changes in your household.

1. Someone lost health coverage in the last 60 days, or expects to lose it in the next 60 days.

Names	Date coverage ended or will end (mm/dd/yyyy):	___ / ___ / _____
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- Did coverage end because of not paying premiums? Yes No
- Did coverage end because you chose to cancel it? Yes No

2. Someone added a household member because of a marriage in the last 60 days.

Names	Date of marriage (mm/dd/yyyy):	___ / ___ / _____
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3. Someone was born, adopted, placed for foster or court order care in the last 60 days.

Names	Date of birth, adoption, foster care, or court order care (mm/dd/yyyy):	___ / ___ / _____
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4. Someone gained an eligible immigration status in the last 60 days.

Names	Date that status was awarded (mm/dd/yyyy):	___ / ___ / _____
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5. Someone in the household had a divorce, annulment, or legal separation in the last 60 days.

Names	Date of divorce, annulment, separation (mm/dd/yyyy):	___ / ___ / _____
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6. There was a death in the household in the last 60 days.

Names	Date of death (mm/dd/yyyy):	___ / ___ / _____
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7. Someone moved to Massachusetts in the last 60 days, or expects to move to Massachusetts in the next 60 days.

Names	Date of move (mm/dd/yyyy):	___ / ___ / _____
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To find a list of qualifying events, go to MAhealthconnector.org/get-started/special-enrollment-period. If your qualifying event is listed on the website but is **not** on the form, call the Health Connector at **1-877 MA ENROLL** (1-877-623-6765) or TTY: 1-877-623-7773.