

## Health Connector Policy: Enrollment in Individual/Family Plan

---

Policy #: **NG-3**

Date revised: **11/4/2014**

---

Category: **Eligibility**

Effective date: **1/1/2015**

---

Approved by: **Ed DeAngelo**

---

### **Applicable to all Non-Group products (Qualified Health Plan or QHP/Qualified Dental Plan or QDP)**

To enroll in a non-group product through the Health Connector, an individual/family must:

1. Establish eligibility by virtue of having successfully submitted an electronic or paper application and received an eligibility determination.<sup>1</sup>
2. Request enrollment during an open enrollment period<sup>2</sup> or qualify for a special enrollment period, if applicable.<sup>3</sup>
3. Provide the following additional information when selecting a plan:
  - a) Selected plan name and issuer;
  - b) Name(s) of all prospective enrollee(s) including dependent(s) in that plan;
  - c) Effective date. This is always either the first of the month following application for enrollment or the first of the second month following application for enrollment;
  - d) For the prospective enrollees and their dependent(s), any required demographic information not provided in the eligibility application; e.g., tobacco status of all household members age 18 and over;
  - e) For dependent(s) age 19 and over only, disabled status (Health Connector Plan (Qualified Health Plan or QHP) only).
4. Sign or e-sign and accept the Terms and Conditions of enrollment
  - a) For paper submissions, the adult applicant must physically sign the enrollment form as well as the Terms and Conditions agreement. If the enrollee is under 18 years of age, the parent/legal guardian must sign both forms. Once signed, both forms may be delivered in person, mailed, or legibly faxed to the Health Connector.
  - b) For electronic submissions, the adult applicant must e-sign the enrollment form as well as the Terms and Conditions agreement by “clicking” on a confirmation button, such as “I agree”. If the enrollee is under 18 years of age, the parent/legal guardian must e-sign both forms. By clicking on the confirmation button, the enrollee or parent/legal guardian attests that the information provided in the online application is correct and agrees to the Health Connector Terms and Conditions.
  - c) For submissions made by phone in conjunction with a Customer Service Representative or Navigator, the applicant or parent/guardian may either:
    - i. attest to agreement by voice, in which case the Customer Service Representative/Navigator can complete the submission electronically, including the signatures of the enrollee and the Customer Service Representative/Navigator; or,

- ii. sign and mail in a printed, completed application generated by the Customer Service Representative/Navigator.
5. Submit full payment for the first month of coverage in accordance with the designated due date.<sup>4</sup>

The eligibility application, additional information for enrollment, and signed and accepted Terms and Conditions may be submitted contemporaneously as a single submission. The additional information required for enrollment, signed and accepted Terms and Conditions and payment for the first month of coverage must be received by the Health Connector no later than the 23<sup>rd</sup> calendar day of the month prior to the requested effective date of coverage.

The prospective enrollee(s) must comply with the Health Connector's reasonable requests for information necessary to verify the application for coverage in order to maintain enrollment in a plan.

<sup>1</sup> Please reference the policies [Eligibility for Individual/Family Plan \(NG-1A\)](#); [Eligibility for Federal and State Financial Support for Individual/Family Plan \(NG-1B\)](#); [Special Rules for American Indians/Alaska Natives \(Indians\) \(NG-1C\)](#); [Eligibility for Catastrophic Plans \(NG-1D\)](#)

<sup>2</sup> Please reference the policy [Open Enrollment Period For Individual/Family \(NG-4\)](#)

<sup>3</sup> Please reference the policy [Mid-Year Life Events \(NG-1E\)](#)

<sup>4</sup> Please reference the policy [Premium Billing and Payment \(CM-3\)](#)