Health First Health Plans
Underwritten by Health First Commercial Plans

For internal use only
Application ID Number:_____

Health First Health Plans
Attention: Individual Sales
6450 US Highway 1, Rockledge, Florida 32955

myHFHP.org
Sales Department: Toll free 1.877.904.4914
E-mail: individualinsurance@hf.org ■
TDD/TTY:1.800.955.8771
November 1–December 15: Call weekdays 9 am to 6 pm
December 16–October 31: Call weekdays 9 am to 5 pm

Individual SEP Attestation Form

For Off-Marketplace Plans

After Open Enrollment, you can enroll in Individual coverage only if you have a qualifying life event. To request a Special Enrollment Period (SEP), please select the event that applies to you, and sign and attach this form along with proof of SEP to your application for Health First insurance.

Applicant's name_____ Date_____

SEP Event (check one)	When can I enroll?	When does my coverage begin?
___ Loss of coverage *(Some examples include losing job-based coverage, divorce, receiving a renewal for a non-ACA compliant plan, COBRA expiration, aging off a parent's plan, or losing eligibility for Medicaid or CHIP.)*	Up to 60 days before and up to 60 days after the event	If you've already lost coverage, your new plan will begin on the first day of the month after you enroll. If you will be losing coverage, your new plan begins on the first day of the month after your old plan ends.
___ Marriage ___ Denial of Medicaid or CHIP	Up to 60 days after the event	Your new plan will begin on the first day of the month after you enroll.
___ Birth, adoption, foster care	Up to 60 days after the event	Coverage begins on the child's date of birth, adoption, placement for adoption, or placement in foster care.
___ Having a change in income or household status that affects eligibility for premium tax credits or cost-sharing reductions	Up to 60 days after the event	If you enroll within first 15 days of the month, your coverage begins on the first day of the month after you enroll. *—or—* If you enroll on or after the 16th day of the month, your coverage begins on the first day of the next month after you enroll.
___ Moving outside of your insurer's coverage area ___ Gaining citizenship or lawfully present status ___ Gaining status as a member of a federally recognized Indian tribe	Up to 60 days after the event	If you enroll within first 15 days of the month, your coverage begins on the first day of the month after you enroll. *—or—* If you enroll on or after the 16th day of the month, your coverage begins on the first day of the next month after you enroll.

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SEP Event (check one)	When can I enroll?	When does my coverage begin?
___ Exceptional circumstances (for example if you faced a serious medical condition, natural disaster, or other crisis that kept you from enrolling)	Determined by the US Department of Health & Human Services (HHS)	Depending on your situation, coverage may begin on the date of the triggering event. *—or—* If you enroll within first 15 days of the month, your coverage begins on the first day of the month after you enroll. *—or—* If you enroll on or after the 16th day of the month, your coverage begins on the first day of the next month after you enroll.
___ Incarceration release	Up to 60 days after the event	If you enroll within first 15 days of the month, your coverage begins on the first day of the month after you enroll. *—or—* If you enroll on or after the 16th day of the month, your coverage begins on the first day of the next month after you enroll.

You must supply authorized supporting documentation to prove eligibility for your SEP.

Attestation

My signature (either signed below or electronically submitted), serves as my attestation that I qualify for the selected SEP and therefore qualify to enroll for a plan outside of the Open Enrollment Period. Health First Health Plans reserves the right to request documentation regarding the facts involved in this SEP attestation.

Authorization for electronic signature

☐ By checking this box and entering my name below, I am indicating my intent to electronically sign this Application and warrant that all of the information I have provided is true, complete, and accurate.

Primary Applicant Name (printed) Primary Applicant Signature

Date Primary Applicant Date of Birth

Health First Health Plans is underwritten by Health First Commercial Plans, Inc. Health First Commercial Plans does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.