
NOVATO UNIFIED SCHOOL DISTRICT

Benefit Enrollment Request for

Qualifying Event – Examples: loss of other insurance, birth, marriage

I request coverage for (check all that apply):

- ☐ Myself
- ☐ Spouse
- ☐ Child(ren)/Stepchild(ren)

Reason for requesting enrollment (Check one):

- ☐ Coverage under another employer-sponsored health plan terminated.

Date of termination: _____

Employer: _____

Carrier: _____

Reason for termination: _____

OR

- ☐ Other (explain): _____

Employee's Signature: _____ Date: _____

Employee Name: _____ Employee ID# _____

(Please Print)

NOVATO UNIFIED SCHOOL DISTRICT

Qualifying Life Events

[Individual/Family](#) and [Group](#) health coverage sold in California only allows new membership during an annual open enrollment period. Enrollment works this way because if people were allowed to purchase insurance anytime, people could wait until they got sick and the system wouldn't work.

There are exceptions to the annual open enrollment period. These are called qualifying life events and if you experience one or more of them, you can buy new coverage or change your existing coverage. Below is a list of the qualifying life events:

- Gaining a dependent or becoming a dependent through birth or adoption
- Gains a dependent or becomes a dependent through marriage or partnership
- Dependent is mandated to be covered pursuant to a valid state or federal court order
- Legal separation or divorce through whom the applicant was covered as a dependent
- Getting married or Divorced
- Applicant or dependent lost minimum essential coverage due to termination or change in employment status, individual, and student plans
- Death of the person through whom the applicant was covered
- Changes in your income that affect the coverage you qualify for
- Cessation of an employer's contribution toward an employee or dependents coverage
- Entitlement of benefits of the subscriber under Title XVIII of the Social Security Act (Medicare), Medi-Cal, or CHIP, resulting loss of coverage to the dependents
- Dependent child's loss of dependent status under the applicable requirements of a group plan, such as reaching age 26
- Loss of minimum essential coverage excluding the loss of termination due to failure to pay premiums or situations allowing rescission
- Loss of coverage under the Access for Infants and Mother's Program and Medicaid share of cost program
- Loss of HMO coverage benefits as the individual no longer lives or works in the HMO service area; Changes in residence
- Moving to a different ZIP code or county
- A student moving to or from the place they attend school
- A seasonal worker moving to or from the place they both live and work
- Moving to or from a shelter or other transitional housing
- AmeriCorps members starting or ending their service
- Applicant returns from active military duty
- Applicant is released from incarceration
- Applicant became a permanent resident of California during a month outside of open enrollment period
- Gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder