



AFFIDAVIT for QUALIFYING EVENT – SPECIAL OPEN ENROLLMENT PERIOD

STATE OF _____)

) ss.:

COUNTY OF _____)

The undersigned, being duly sworn, deposes and says:

I seek to enroll in coverage in an individual insurance plan through MVP Health Plan, Inc. outside of the annual Open Enrollment period (between November 15th through February 15th). I am completing this Affidavit as the Subscriber (and on behalf of my Spouse or Child, if applicable) within 60 days of the occurrence of one of the following events (check all that apply):

THE ITEMS WITH AN * NEED TO BE NOTARIZED

_____	You or Your Spouse or Child loses minimum essential coverage.
_____	* Your enrollment or non-enrollment in another health plan was unintentional, inadvertent or erroneous and was the result of the error, misrepresentation, or inaction of an officer, employee, or agent of a health plan or the Exchange.
_____	* You adequately demonstrate to MVP that another health plan in which You were enrolled substantially violated a material provision of its contract.
_____	You move and become eligible for new health plans.
_____	You gain a Dependent or become a Dependent through marriage, birth, adoption or placement for adoption.
_____	* You are determined newly eligible or newly ineligible for advance payments of the premium tax credit or have a change in eligibility for cost-sharing reductions.
_____	You, Your Spouse or Child exhausted Your COBRA or continuation coverage.

("You" refers to the individual completing this Affidavit)

Date of Qualifying Event _____ (MVP must receive notice and any premium payment within 60 days of these events)

Through my below signature, I certify that I (and my Spouse and/or Child, if applicable) meet the guidelines to enroll in an individual plan through MVP based on the above qualifying event(s) that I have indicated apply. I declare that I have made this certification to the best of my knowledge and belief. Should I later learn or discover that one, or all, of the qualifying events was not true and correct, I will promptly notify MVP of this new information.

Print Name: _____

Signature: _____

Address: _____

FOR ITEMS WITH AN *

Sworn to before me this _____ day of _____, 20_____

Notary Public