
GETTING COVERAGE FOR CHILDREN

OPEN ENROLLMENT PERIODS

The state of Colorado has established open enrollment periods for applicants under the age of 19 who are seeking individual health coverage. The 2012 open enrollment periods are the months of January and July. For applications received during the January 2012 open enrollment period, the effective date is March 1, 2012. For applications received during the July 2012 open enrollment period, the effective date is September 1, 2012.

If you would like to apply for coverage for your child during an open enrollment period, visit buykp.org/apply or call us at **1-800-685-9461**. We'll be happy to help you choose a plan or answer any questions you may have.

QUALIFYING EVENTS

Of course, life is not predictable, and sometimes major changes occur outside open enrollment periods. For this reason, the state of Colorado has designated certain life events as *qualifying events*. If your child has experienced a qualifying event, he or she may enroll outside the open enrollment periods.

You may enroll your child at any point during the year within 30 days of a qualifying event. Simply contact your broker or call **1-800-685-9461** and tell the sales representative that you would like to apply for coverage for your child due to a qualifying event. Your broker or agent will help identify the documentation you will need to submit along with your application.

For a list of qualifying events, please see the accompanying checklist.

Please note:

- For applications received by the 8th of the month, the effective date will be the 15th of the current month.
- For applications received by the 23rd of the month, the effective date will be the 1st of the next month.

ENROLLING AS PART OF A FAMILY PLAN

You may enroll your child at any time during the year as a part of a family plan. Your child must enroll with at least one adult subscriber. If your child is age 19–26, he or she will be required to undergo medical review for acceptance. Children under age 19 are guaranteed acceptance.

Please note that children may not qualify for child-only coverage if other creditable coverage is available to them.

Submit your application and documentation by either of the following methods:



Fax

Send a secure fax of the application and documentation—all pages—to **1-866-920-6471**. Write your child's name in the top right-hand corner of each document.



Mail

Send the application and documentation to:
Kaiser Permanente for Individuals and Families
P.O. Box 7104
Pasadena, CA 91109

Child's name:	
Child's medical record number (MRN) if applicable:	
Parent's or guardian's medical record number (MRN) if existing member:	

QUALIFYING EVENT CHECKLIST

Submit with application and documentation.

When you apply for coverage for your child following a qualifying event, you will need to send documentation supporting that qualifying event. Here's a brief list of qualifying events and the documentation you will need to submit along with your application.

Be sure to send in your child's application and documentation within 30 days of the qualifying event. Do not send original documents. Keep those for your records. **Write your child's name in the top right-hand corner of each document to ensure your records stay together.** If applicable, include your child's previous medical record number or the current medical record number for your child's parent or guardian.

Please identify the qualifying event applicable to your situation and provide the necessary documentation.

Qualifying event	Documentation needed
Divorce	<input type="checkbox"/> Filed court papers
Death of a policyholder	<input type="checkbox"/> Death certificate or <input type="checkbox"/> Phone call from surviving parent or guardian
Loss of employer-sponsored coverage	Letter from employer group stating loss of coverage and reason why. Necessary documents would include: <input type="checkbox"/> Termination letter from the employer or <input type="checkbox"/> Termination letter from the health plan or <input type="checkbox"/> Certificate of creditable coverage dated within the last 30 days
Loss of eligibility under the Colorado Medical Assistance Act or the Children's Basic Health Plan	<input type="checkbox"/> Letter from the program stating loss of coverage and reason why
Adoption	<input type="checkbox"/> Adoption papers
Birth	<input type="checkbox"/> Birth certificate or <input type="checkbox"/> Letter from a medical center showing proof of birth
Marriage	<input type="checkbox"/> Marriage license
Court or administrative order mandating the child be covered	<input type="checkbox"/> Court order
Involuntary loss of coverage for any reason other than fraud, misrepresentation, or failure to pay premium	<input type="checkbox"/> Letter stating loss of coverage and reason why