

If your client is eligible for guaranteed issue or special enrollment based on one of the criteria shown below, **you must submit the acceptable proof of eligibility with the application.**

Kentucky Guaranteed Issue or Special Enrollment Checklist	Plans Available for Policy Effective dates on or after 1/1/2020 (if offered)
<p><input type="checkbox"/> Enrolled under an employee welfare benefit plan that provides health benefits that supplement the benefits under Medicare and the plan terminates or the plan ceases to provide all such supplemental health benefits to the individual. <b><i>**Voluntarily terminating employer group coverage is <u>not</u> a Guaranteed Issue trigger.</i></b></p> <p><b><u>Acceptable Proof:</u></b> A letter from the employer reflecting the date of the loss of coverage <b><u>and</u></b> the reason for the loss of coverage for all individuals covered. <b><i>(Please note: a Certificate of Creditable Coverage does <u>not</u> typically indicate the reason for the loss of coverage.)</i></b></p>	
<p><input type="checkbox"/> Enrolled in a Medicare Advantage plan or the individual is 65 years of age or older and is enrolled with a Program of All-Inclusive Care for the Elderly (PACE), a Medicare risk contract, health care prepayment plan, cost contract or Medicare Select plan, or similar organization, and the organization's certification or plan is terminated or discontinues including, but not limited to, a change in residence of the individual, the plan is terminated within a residence area, the organization substantially violated a material policy provision, or a material misrepresentation was made to the individual.</p> <p><b><u>Acceptable Proof:</u></b> A copy of the personalized letter from the Medicare Advantage Company indicating they are leaving the Medicare program, or the plan will no longer service the area/region, or the person has moved outside of the coverage area. A copy of the report from the state's Department of Insurance documenting a violation or misrepresentation.</p>	A, B, D, G, High Ded. G, K or L (if 'Newly Eligible')
<p><input type="checkbox"/> Enrolled in a Medicare Supplement policy and coverage discontinues due to insolvency, substantial violation of a material policy provision, or material marketing misrepresentation.</p> <p><b><u>Acceptable Proof:</u></b> A copy of the report from the state's Department of Insurance documenting the violation or misrepresentation.</p>	A, B, C, F, High Ded F, K or L (if <b><u>NOT</u></b> 'Newly Eligible')
<p><input type="checkbox"/> Enrolled under a Medicare Supplement policy, terminates and enrolls for the first time in a Medicare Advantage, a risk or cost contract, a Medicare Select plan, or a PACE provider, and then the insured person terminates coverage within 12 months of enrollment.</p> <p><b><u>Please note: the client must go back to their previous Medicare Supplement carrier as guaranteed issue, if the plan is still available. If the previous carrier no longer issues coverage, the applicant is GI with any carrier.</u></b></p> <p><b><u>Acceptable proof:</u></b> A copy of the Policy Schedule Page or ID Card, or other documentation for the previous Medicare Supplement provider that includes the effective date, plan and termination date <b><u>and</u></b> a copy of the personalized disenrollment letter from the Medicare Advantage provider. (If the disenrollment letter doesn't include the effective date, please provide a copy of the ID card.)</p>	

<input type="checkbox"/> Upon first becoming eligible for benefits under Part A at age 65, enrolls in a Medicare Advantage or PACE provider and then disenrolls within 12 months. <u><b>Acceptable Proof:</b></u> A copy of the personalized disenrollment letter from the Medicare Advantage Company <b>and</b> a copy of the ID Card or other personalized document showing the effective date of the plan.	Any plan sold by the company in the applicant's residence state
<input type="checkbox"/> An applicant who exhausted their Open Enrollment period due to being enrolled in Medicaid but is no longer eligible due to a change in Medicaid eligibility. <u><b>Acceptable Proof:</b></u> Letter from the Kentucky Medicaid program that reflects coverage is being terminated due to a change in eligibility and the date that the coverage will end.	(Newly Eligible applicants may not be sold Plans C, F or High Ded F)
<input type="checkbox"/> An applicant that is within 60 days of their birthday can apply for the same Medicare Supplement plan that they are currently enrolled with a different insurer. The effective date must fall on the applicant's birthday or up to 60 days after the birthday and must be within 30 days of the application sign date. <u><b>Acceptable Proof:</b></u> A copy of the personalized policy/certificate schedule page or ID card for the Medicare supplement plan that shows the policyholders name and plan. If the policy has been in force more than 2 years, we will also need documentation showing the Paid to Date of the existing coverage. Other documentation will be accepted if it provides the policyholder name, plan and proof of Paid to Date.	

#### Definition of Newly Eligible:

An applicant is deemed Newly Eligible if they meet BOTH of the following conditions:

(a) Applicant was born **on or after** 1/1/1955 **AND**

(b) Applicant first enrolled in Medicare Part A on or after 1/1/2020

**\*\*Exception -** If an applicant was born on 1/1/1955 and has a Part A effective date of 12/1/2019 – the applicant is deemed Newly Eligible.