

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.**

Utah 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. <i>**Voluntarily terminating employer group coverage is <u>not</u> a Guaranteed Issue trigger.</i></p> <p><u>Acceptable Proof:</u> A letter from the employer reflecting the date of the loss of coverage <u>and</u> the reason for the loss of coverage for all individuals covered. <u>(Please note: a Certificate of Creditable Coverage does <u>not</u> typically indicate the reason for the loss of coverage.)</u></p>	
<p><input type="checkbox"/> Enrolled in a Medicare Advantage plan or 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><u>Acceptable Proof:</u> 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><u>Acceptable Proof:</u> 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 <u>NOT</u> 'Newly Eligible')
<p><input type="checkbox"/> The individual is enrolled under medical assistance under Title XIX of the Social Security Act, Medicaid, and is involuntarily terminated outside of requirements of Subsections 8.A.(7)(a) and (b).</p> <p><u>Acceptable Proof:</u> A copy of the personalized eligibility/determination letter from the state Medicaid program that includes the benefits the client was receiving, the termination date <u>and</u> the reason for the loss of benefits.</p>	
<p><input type="checkbox"/> Enrolled under a Medicare Supplement policy, terminates that coverage 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><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></p> <p><u>Acceptable proof:</u> 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 <u>and</u> a copy of the personalized disenrollment letter from the Medicare Advantage provider. (If the disenrollment letter doesn't include the effective date, provide a copy of the ID card.)</p>	

<input type="checkbox"/> Upon first becoming eligible for benefits under Part A, enrolls in a Medicare Advantage or PACE provider plan and then disenrolls by not later than 12 months after the effective date. <u>Acceptable Proof:</u> A copy of the personalized disenrollment letter from the Medicare Advantage Company and 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 (Newly Eligible applicants may not be sold Plans C, F or High Ded F)
<input type="checkbox"/> An individual that is enrolled in a Medicare Supplement policy is entitled to an annual birthday open enrollment period beginning on the individual's birthday and ending 60 days later, an issuer shall allow an enrollee that is enrolled in one of the issuer's Medicare Supplement plans to choose a different plan with the same issuer (same company) that offers benefits equal to or lesser than those provided by the previous coverage. This rule is effective for application signed 5/7/2025 and later. <u>Acceptable Proof:</u> The applicant will be a current policyholder with the issuer so proof is not required.	

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.**