

Status Event Verifications

Please submit one item from List A.	
Event Type	List A
Birth/Adoption/Legal Guardianship	<ul style="list-style-type: none"> • Birth certificate with parent's name listed • Hospital Birth Record (within 60 days of birth) • Adoption certificate • Adoption placement agreement • Documentation of legal custody • Documentation of legal guardianship • Certified copy of court order/decre
Please submit one item from List A.	
Event Type	List A
Marriage	<ul style="list-style-type: none"> • Marriage Certificate • Certified copy of court order/decre
Please submit one item from List A.	
Event Type	List A
Divorce or Legal Separation	<ul style="list-style-type: none"> • Divorce decree • Certified copy of court order/decre • Legal separation agreement
Please submit one item from List A.	
Event Type	List A
Spouse loses other coverage/employment	<ul style="list-style-type: none"> • Letter from previous employer with coverage end date • Letter from insurance verifying loss of coverage • COBRA notice to include Spouse's name and dates of coverage
Please submit one item from List A.	
Event Type	List A
Child loses other coverage	<ul style="list-style-type: none"> • Letter verifying other coverage from employer • Letter verifying other coverage from insurance company • COBRA notice to include Child's name and dates of coverage
Please submit one item from List A.	
Event Type	List A
Death of Spouse	<ul style="list-style-type: none"> • Death certificate
Please submit one item from List A.	
Event Type	List A
Death of Child	<ul style="list-style-type: none"> • Death certificate
Please submit one item from List A.	
Event Type	List A
Dissolution of Domestic Partnership	<ul style="list-style-type: none"> • Termination of domestic partnership form

Please submit one item from List A.	
Event Type	List A
Death of Domestic Partner	<ul style="list-style-type: none"> • Death certificate
Please submit one item from List A.	
Event Type	List A
Spouse gains other coverage/employment	<ul style="list-style-type: none"> • Letter verifying other coverage from employer • Letter verifying other coverage from insurance company
Please submit one item from List A.	
Event Type	List A
Dependent loses CHIPRA/Medicaid/Medicare	<ul style="list-style-type: none"> • Letter verifying loss of CHIP coverage
Please submit one item from List A.	
Event Type	List A
Dependent gains CHIPRA/Medicaid/Medicare coverage	<ul style="list-style-type: none"> • Letter verifying gain of CHIP coverage
Please submit one item from List A.	
Event Type	List A
Employee loses other coverage	<ul style="list-style-type: none"> • Letter verifying other coverage from insurance company • COBRA notice to include Employee's name and dates of coverage
Please submit one item from List A.	
Event Type	List A
Employee gains other coverage	<ul style="list-style-type: none"> • Letter verifying other coverage from insurance company