






## Documentation of triggering event form

 <p><b>Who should use this form?</b></p>	<p>If you have experienced a triggering event, you need to complete this form, choose your triggering event, and provide documentation (copies only) supporting your triggering event. You need to submit this form and your supporting documentation along with your enrollment application or Account Change Form and first month's premium (if applicable).</p>
 <p><b>How to use this form</b></p>	<p>Fill out the information on the back of this form and submit it along with your documentation and your enrollment application or Account Change Form.</p> <ul style="list-style-type: none"> <li>You can submit your paper application or Account Change Form by fax or mail, or you can apply online at <a href="http://buykp.org/apply">buykp.org/apply</a>. You must submit this form and your documentation by fax or mail.</li> </ul> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div data-bbox="568 703 844 766" style="width: 45%;">  <p><b>Fax</b> <b>1-866-816-5139</b></p> </div> <div data-bbox="901 703 1323 861" style="width: 45%;">  <p><b>Mail</b> Kaiser Permanente California Service Center – KPIF P.O. Box 23219 San Diego, CA 92193-9921</p> </div> </div> <ul style="list-style-type: none"> <li>If you apply online, you have <b>10 calendar days</b> (or until the end of your special enrollment period, whichever comes first) to submit this form and your supporting documentation. If you apply by mail or fax, you must submit this form and your supporting documentation together with your paper enrollment application.</li> <li>New applicants, if we don't receive this form and your supporting documentation along with your application, we will consider your application incomplete and it may be canceled. You may reapply and submit the form and supporting documentation, but you must do so within your special enrollment period.</li> <li>Current Kaiser Permanente members, if you are making an account change due to a triggering event, you must submit this form and supporting documentation with the Account Change Form within <b>10 calendar days</b> or before the end of your special enrollment period, whichever comes first.</li> <li>If you apply close to the end of your special enrollment period, take extra care to make sure we receive your application, this form, and your supporting documentation before your special enrollment period ends.</li> <li>On the first page of your supporting documentation, be sure to include the following information for the primary applicant in writing:             <ol style="list-style-type: none"> <li>1. First and last name, as listed on the application</li> <li>2. Kaiser Permanente medical record number (if known)</li> <li>3. Home address</li> <li>4. Date of birth</li> </ol> </li> </ul>
 <p><b>Need help?</b></p>	<p>For more details about enrolling during a special enrollment period, please refer to your "Enrolling during a special enrollment period" guide.</p> <p>For help completing this form, please call <b>1-800-494-5314</b> or contact your agent or broker.</p>

## Step 1: Applicant information

First name		Middle name	Last name	
Gender <input type="radio"/> M <input type="radio"/> F	Social Security number	Date of birth (mm/dd/yyyy)		Online application ID number (if you applied online)
Street address				
City			State	ZIP
Phone		Parent/Guardian (if applicable)		Broker name (if applicable)

## Step 2: Triggering-event information

List your triggering event and the date of the event.	Triggering event	Date of triggering event (mm/dd/yyyy)
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## Step 3: Triggering-event documentation

Please review the list below to determine the documentation you are required to submit to support your triggering event. Only one document is required, unless otherwise noted.

Check the boxes for 1) your triggering event and 2) the documentation you are submitting for it.

Triggering events	Documentation required (copies only)
<input type="checkbox"/> Loss of health care coverage	<input type="checkbox"/> Letter stating why you lost your coverage
<input type="checkbox"/> Gaining or becoming a dependent	<input type="checkbox"/> Birth certificate or <input type="checkbox"/> Letter from the medical center showing proof of birth
	<input type="checkbox"/> Adoption papers or <input type="checkbox"/> Proof of placement for adoption
	<input type="checkbox"/> Evidence of proof from a court, Department of Social Services, or other agency that you have the legal right to make medical decisions for a child in foster care
	<input type="checkbox"/> Marriage license or <input type="checkbox"/> Proof of domestic partnership
<input type="checkbox"/> Permanent relocation	<input type="checkbox"/> Utility bill or <input type="checkbox"/> Copy of rent agreement or <input type="checkbox"/> Proof of release from incarceration
<input type="checkbox"/> Court order	<input type="checkbox"/> A copy of the court order
<input type="checkbox"/> Change in eligibility for federal financial assistance through Covered California	<input type="checkbox"/> Copy of most recent eligibility determination from Covered California
<input type="checkbox"/> Employer health coverage changes	<input type="checkbox"/> Letter from employer stating change in health coverage
<input type="checkbox"/> Immigration status change	<input type="checkbox"/> Determination by Covered California to purchase health plan coverage
<input type="checkbox"/> Coverage as an American Indian/Native Alaskan	<input type="checkbox"/> Notice from Covered California stating you are eligible for a monthly special enrollment period
<input type="checkbox"/> Determination by Covered California	<input type="checkbox"/> Notice from Covered California stating you are eligible for a special enrollment period
<input type="checkbox"/> Misinformation about coverage	<input type="checkbox"/> Notice from Covered California stating you are eligible for a special enrollment period
<input type="checkbox"/> Provider network changes	<input type="checkbox"/> Notice from provider stating you are eligible for a special enrollment period

**By submitting a signed application and supporting documentation along with this form, you are confirming that a triggering event occurred. It's important that we receive this form and your documentation because we will rely on them to decide that you're eligible to enroll during a special enrollment period. If we determine that the triggering event did not occur, we may take legal action, including, but not limited to, terminating your coverage.**