



The Commonwealth of Massachusetts
Health Policy Commission
Office of Patient Protection
Two Boylston Street
Boston, MA 02116

2013 Open Enrollment Waiver Information and Instructions

Massachusetts and federal law limit when you can buy a commercial health insurance plan. Some people may meet special conditions and can buy insurance at any time. Others must buy insurance during the open enrollment periods.

The 2013 and 2014 open enrollment periods are: July 1, 2013 - August 15, 2013
October 1, 2013 - March 31, 2014
October 15, 2014 - December 7, 2014

If you missed the open enrollment period, then you might qualify for a waiver of the open enrollment period if you meet certain criteria. You may use this form to request a waiver from **August 16, 2013 through September 30, 2013**.

- You may qualify for a waiver if you are a Massachusetts resident, and
 - You recently lost health insurance coverage under a group plan, governmental plan, church plan or COBRA; or
 - You are uninsured and did not intentionally forgo enrollment in health insurance; or
 - You are not eligible for insurance through work
- You must first apply for coverage to a health insurance plan or agent and be turned down before you can apply for a waiver. You can apply for insurance on-line through the Connector at www.mahealthconnector.org or by calling 877-MA-ENROLL.
- You do not need a waiver if you are:
 - an eligible individual applying for coverage within 63 days of termination of prior group coverage or because your current nongroup coverage will be ending due to involuntary termination; or
 - a small business owner or self-employed (contact Business Express at 866-636-4654)
 - a **young adult ages 18-26** if eligible and applying for a young adult plan (call 877-MA-ENROLL), because open enrollment rules do not apply to young adult plans and no open enrollment waiver is needed
- You cannot get a waiver if your employer offers health insurance that meets minimum creditable coverage, even if you cannot sign up for it right now.
- You cannot get a waiver if you have or had health insurance coverage that you voluntarily terminated. You may be able to buy insurance during the next open enrollment period.

Please note that this form is not an application for health insurance. If your waiver request is approved, you must then complete the application process with the health insurance plan or agent to which you originally applied. You will not have health insurance until your complete application is accepted and you pay your premium.

To apply for a waiver, you will need:

This completed Open Enrollment Waiver form; and

A copy of the letter or notice denying your application to purchase health insurance

Please mail or fax your completed Open Enrollment Waiver form AND the notice denying your application to purchase health insurance to:

**Health Policy Commission
Office of Patient Protection
Two Boylston Street, 6th Floor
Boston, MA 02116
Fax: 617-624-5046**

Important Phone Numbers

- If you have any questions about this form or the waiver process, please call the Office of Patient Protection (OPP) at 800-436-7757. You may also contact OPP by email at HPC-OPP@state.ma.us, but we cannot accept waiver applications by email. Do not send personal health information to OPP by email.
- If you have questions about open enrollment rules or your eligibility for health insurance, please call the Division of Insurance at 617-521-7794.
- If you have any questions about whether you qualify for health insurance, you can call the following places for information:
 - MassHealth, 800-841-2900
 - Health Care Division, Office of the Attorney General, 888-830-6277
 - The Connector, 877-MA-ENROLL
 - Health Care For All, 800-272-4232.
- Mail or fax the completed Open Enrollment Waiver form AND a copy of the notice denying your application to purchase health insurance, to:

**Health Policy Commission
Office of Patient Protection
Two Boylston Street, 6th Floor
Boston, MA 02116
Fax: 617-624-5046**

Explanation of terms used in this form

Commonwealth Care is a subsidized health insurance plan for adults who meet income requirements, that is offered by the Connector (through 2013).

The Connector is the Commonwealth Health Insurance Connector Authority, an insurance marketplace in the state of Massachusetts. You can reach the Connector at 877-MA-ENROLL or www.mahealthconnector.org.

Eligible individual is a resident of Massachusetts who does not have access to health insurance through an employer or spouse's employer that meets minimum creditable coverage

Medicaid (MassHealth) is health insurance for some adults and children with limited income.

Minimum creditable coverage is the set of health insurance benefits that you need in Massachusetts to be considered insured and to avoid Massachusetts tax penalties.

Voluntary termination is taking action, including not paying a premium, that leads to cancellation of health insurance.

(Question 6, continued)	Name of health insurance company: _____
	Subscriber name: _____
	Relationship of subscriber to you: _____
	Date insurance ended: _____
	Reason insurance ended: _____ _____

7. Do you qualify for any of these health care programs, even if you cannot sign up right now?	<p>Medicaid (MassHealth) ___ yes ___ no</p> <p>Student health insurance ___ yes ___ no</p> <p>Commonwealth Care ___ yes ___ no</p> <p>If you do not know, you may call: MassHealth, 800-841-2900 The Connector, 877-MA-ENROLL Health Care For All, 800-272-4232</p>
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8. Does your employer offer health insurance, even if you cannot sign up for it right now?	<p>___yes ___no</p> <p>If yes, does the insurance meet Massachusetts minimum creditable coverage (MCC) standards? If you do not know, contact your employer's Human Resources Department.</p> <p>___ Yes, my employer's insurance meets MCC standards</p> <p>___ No, my employer's insurance does not meet MCC standards</p>
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9. Who do you want to include on the health plan?	<p>___ Self only ___ Self and following family members:</p> <table border="0"> <tr> <td style="width: 20%;">Name</td> <td style="width: 20%;">Date of birth</td> <td style="width: 20%;">Relationship to you</td> <td style="width: 40%;">Employed? (yes or no)</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>Attach additional sheet if necessary for additional family members.</p>	Name	Date of birth	Relationship to you	Employed? (yes or no)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Date of birth	Relationship to you	Employed? (yes or no)														
_____	_____	_____	_____														
_____	_____	_____	_____														
_____	_____	_____	_____														

<p>10. Employment information</p> <p>Note: If you are <u>self-employed</u>, you do not need a waiver. Self-employed persons can sign up for health insurance as a small employer group at any time. Contact Business Express at 866-636-4654.</p>	<p>My employer Name _____ Address _____ Phone _____</p> <p>My spouse's employer Name _____ Address _____ Phone _____</p> <p>For employers of other family members listed in Question 9, attach additional sheet if necessary.</p>
<p>11. Health insurance plan for which you are seeking a waiver.</p>	<p>Name of insurance company/plan:</p>
<p>12. Did you receive a notice from the insurance company, the Connector or an agent telling you that you cannot enroll without a waiver?</p>	<p>___ yes ___ no</p> <p>If yes, please enclose a copy with this request.</p> <p>If no, please note that you must first apply for coverage and be turned down before you submit this request.</p> <p>If you attempted to complete the Connector's on-line application and did not receive a denial notice, then please print out the web page which says you are not eligible and include it with this application.</p>

SIGNATURE AND CERTIFICATION

I _____, hereby request a waiver of the requirement that I wait until
(Print name)
the next open enrollment to purchase health insurance. I swear that the information provided in this
application is true and accurate to the best of my knowledge.

Signature of applicant Date: _____

I certify, under the penalty of perjury, that I did not intentionally forgo enrollment into coverage for
which I was eligible. (This means that you did not turn down the opportunity to get health insurance or
fail to apply for health insurance when you had the chance.)

Signature of applicant Date: _____

WHAT TO SEND AND WHERE TO SEND IT

Mail the completed Request for Waiver form AND a copy of the letter or notice that told you that you
cannot enroll in health coverage without a waiver to:

**Health Policy Commission
Office of Patient Protection
Two Boylston Street, 6th Floor
Boston, MA 02116**

Or fax the completed Request for Waiver form and notice to **617-624-5046**.

Please send pages 4-8 of the Request for Waiver form. You do not need to send the instruction pages.

The Office of Patient Protection will respond to your request in writing within 30 days. You can reach
the Office of Patient Protection at 800-436-7757. You may also contact the Office of Patient Protection
by email at HPC-OPP@state.ma.us with questions, but we cannot accept waiver applications by email.
Do not send your Request for Waiver form or any personal health information to this email address.