

SUBSCRIPTION UNDER SPECIAL REQUEST

There are certain exceptions that qualify you so you can sign up for a plan outside the annual subscription period which is from Oct. 1 to Dec. 31 of every year. The **Special subscription period** is defined as follows. During this period, you can subscribe or change your subscription to a health plan when certain situations occur and are referred to in paragraphs C and D of article 10.150 of the health insurance code of Puerto Rico and the article 603 of the law of security of income withdrawal (ERISA, for its acronym in English), which are defined as **Qualifying Events**.

Please read carefully the following events and select which apply to you.

- I am exercising my right to conversion to an individual plan, because it was previously covered by a group plan with the same insurer.
- I was covered by another insurance company and meet the following criteria:
 - My last health plan was group.
 - I've been without coverage for sixty-three (63) days or less.
 - I've been covered by a health plan in the last eighteen (18) months
 - My previous coverage/policy was not cancelled due to lack of payment or fraud.
 - Selected and exhausted the coverage under the Federal Act "Consolidated Omnibus Budget Act of 1986 (COBRA for its acronym in English). "
 - I lost my health plan eligibility under the government sponsored medical plan Mi Salud
- I lost the Minimum essential Benefits (EHB) that are required
- My employment was terminated (for another reason that is not immoral conduct), or my hours were reduced the not making me eligible for my employers groups program.
- I got divorced or legally separated me from my spouse (covered employee).
- My spouse which was the primary insured under a group policy is eligible to benefits under title XVIII of the Social Security.
- I stopped being a dependent child under the requirements applicable to the plan.
- I retired from the employment offered by my employer due to a judicial lawsuit of a case under Title 11 (bankruptcy law), beginning on or after 1 July 1986.

- The primary insured for my policy passed away
- Other: **explain:**
- I signed up or forgot to enroll in a health plan not intentionally, inadvertently, or in an erroneously and as a result of error, misrepresentation or lack of action of an officer, employee or agent of the insurer's health plan, as it is reviewed and determined by the insurer. **Expique:**
- The health plan to which I am enrolled substantially violated the terms of the contract.

Explain:

- Existing employer group program is not affordable. **Explain:**
- Recently, I changed residence (I moved from service area). **Explain:**

I certify that to the best of my knowledge I am eligible to sign up for a plan during the special period of subscription. In addition, I acknowledge that my intention to join the health plan **Name of Medical Plan selected:** _____ . My petition to enroll is subject to the evaluation of the application for membership and that the submission of this document does not guarantee that it will be approved for coverage

Signature of applicant date

*** Along with this form, it is required to accompany the documentation that supports the eligibility to qualify under the special subscription period * to clarify any information or questions you can refer to the OCS Normative Letter number: CN-2013-156-AS or the health insurance code of Puerto Rico.**

Name of the Authorized representative

Regional Office

Code Authorized representative

Date