The Commonwealth of Massachusetts
Health Policy Commission
Office of Patient Protection
50 Milk Street, 8th Floor
Boston, MA 02109
(800)436-7757 (phone)
(617)624-5046 (fax)

2017 Insurance Open Enrollment Waiver Information and Instructions

Massachusetts and federal law limit when you can buy certain health insurance plans. Some people may meet special conditions and can buy insurance at any time. Others must buy insurance during the open enrollment periods. The open enrollment period for 2017 health insurance plans ended on January 31, 2017.

If you are a Massachusetts resident and 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 to enroll in health insurance coverage outside of open enrollment, from February 1, 2017 until 30 days prior to the next open enrollment period.

- You may qualify for a waiver if you meet applicable eligibility criteria and (for example):
  - You are uninsured and did not intentionally forgo enrollment in health insurance; or
  - You lost insurance coverage but did not find out until after 60 days had passed.

- 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 Health Connector at www.MAhealthconnector.org or by calling 877-MA-ENROLL. You can also apply to buy insurance directly through an insurance company or insurance agent.

- You may qualify for subsidized insurance through the Health Connector or MassHealth. If your family's income is less than 300% of the federal poverty level, different enrollment rules may apply and you might be able to enroll without a waiver (for example, a family of four with income of about $71,550 per year/$5,963 per month or less may be able to enroll at any time and qualify for a subsidy or MassHealth). Individuals and families with higher incomes may also qualify for subsidies, but must enroll during the open enrollment period or a special enrollment period, or apply for a waiver.

- You may not need a waiver if:
  - You lost insurance coverage recently (usually within the past 60 days); or
  - You are a small business owner buying insurance for your business; or
  - You are applying for MassHealth or subsidized insurance, and your household income is less than 300% of the federal poverty level; or
  - other reasons or qualifying events.

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 company or agent to which you originally applied. You will not have health insurance until the insurance company or Health Connector accepts your complete application and you pay your premium.

To apply for a waiver, you will need:

- ☐ **This completed Enrollment Waiver form; AND**
- ☐ **A copy of the letter or notice denying your application to purchase health insurance**

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

Health Policy Commission
Office of Patient Protection
50 Milk Street, 8th Floor
Boston, MA 02109
Fax: 617-624-5046

Important Phone Numbers

- If you have 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 or other confidential 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 Health Connector, MAhealthconnector.org or 877-MA-ENROLL (877-623-6765)

About Tax Penalty Waivers

- If you are seeking a waiver of the tax penalty for being uninsured, do not use this form. Instead, go to https://betterhealthconnector.com/minimum-creditable-coverage for information about Massachusetts and federal exemptions.

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2017 REQUEST FOR WAIVER TO PURCHASE HEALTH INSURANCE

Please complete every question on this form and include any additional information you would like the Office of Patient Protection to consider. The Office of Patient Protection may call any of the persons listed on the form to verify the information or may ask you to provide additional information.

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 Connector, a health insurance company or an insurance agent. You will not have health insurance until your complete application is accepted and you pay your premium.

1. Your Name	
2. Your full address (Please be sure to include city, state and zip code)	
3. How long have you been a Massachusetts resident?	
4. Email address	
5. Phone number	
6. Do you have insurance now or did you recently (within the past year) have health insurance? Please provide information about all insurance that you had during 2016 and attach additional sheets if needed.	_____ Yes _____ No If "yes" please provide the following information for the most recent plan: Type of plan: _____ nongroup _____ through an employer or other group (continued on next page)

(Question 6, continued)	Name of health insurance company: _____ Subscriber name: _____ Relationship of subscriber to you: _____ Date insurance ended: _____ Reason insurance ended: _____ _____
7. Who do you want to include on the health plan?	____ Self only ____ Self and following family members: Name Date of birth Relationship to you _____ _____ _____ _____ Attach additional sheet if necessary for additional family members.
8. Health insurance plan that you want to buy, if applicable.	Name of insurance company/plan:
9. Did you receive a notice from the insurance company, the Health Connector or an agent telling you that you cannot enroll without a waiver?	_____ Yes _____ No If yes, please enclose a copy with this request. **If no, please note that you must first apply for coverage and be turned down before you submit this request.** If you attempted to complete an on-line application for health insurance and did not receive a denial notice by mail, then please print out the web page or email which says you do not qualify and include it with this application.

10. Please describe why you do not have insurance at this time, and why you should receive a waiver. For example --

- Explain why you did not buy insurance during the last open enrollment period
- If you lost your insurance, explain why and when you lost your health insurance coverage
- Explain why you did not buy new health insurance within 63 days of losing your prior health insurance

If you are applying for insurance through the Health Connector and if you had more than one health insurance plan during the last year, please provide information about why you lost each health insurance plan.

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.

_____ Date:_____
Signature of applicant

I certify, under the penalty of perjury, that I did not intentionally forgo enrollment into coverage for which I was eligible.

_____ Date:_____
Signature of applicant

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
50 Milk Street, 8th Floor
Boston, MA 02109

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

Please send pages 3-6 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.