

## WSHIP Health Questionnaire Exception Instructions

Thank you for applying for Individual coverage with Asuris Northwest Health. Before we can completely process your application we need the following information as proof that you and/or members of your family are exempt from providing a completed health questionnaire. Please note that we require proof for each family member who meets an exception. Please refer to the exceptions found in the **WSHIP Standard Health Questionnaire for Washington State** form and provide the following. Your completed health questionnaire(s) can be accessed and printed by logging onto your on-line application and clicking "My Forms" then selecting the "WSHIP Health Questionnaire" form.

**Attention:** If you are currently eligible for Medicare, or will be on the requested effective date of coverage for which you are applying, you are not eligible for private individual or family health coverage; and you should not fill out this questionnaire.

**Exception 1:** Provide the appropriate documentation based on following information:

- If child or subscriber through whom child was covered loses employer-sponsored insurance, Medicaid, or other public health benefit plan eligibility, provide a letter or certificate of coverage showing coverage end date within 31 days of applying for coverage.
- If child or subscriber through whom child was covered loses coverage as a result of dissolution of marriage, provide court documents indicating divorce caused loss of coverage within 31 days of applying for coverage.
- If child or subscriber through whom child was covered changed residence and the health plan through which they were covered doesn't provide coverage in that service area, provide a copy of a utility bill from your prior address dated within the last 31 days and a letter from your prior carrier verifying that because you have moved, you no longer reside in their service area and they cannot provide health insurance at your new location.
- If child or subscriber was born or adopted within 60 days from date of birth or date of placement, provide adoption paperwork indicating date of placement.

**Exception 2:** Provide a copy of a utility bill in your name from the prior address dated within the last 90 days and a letter of verification from your prior carrier verifying that because you have moved from one part of Washington state to another part within the last 90 days you no longer reside in their service area and they cannot provide health insurance where you live now.

**Exception 3:** Provide a letter from your health care provider or carrier that your health care provider can no longer treat you because they have stopped being part of your current individual health plan's provider network within the last 90 days. The letter must also indicate that you have received services from that provider within the 12 months prior to leaving your current health plan, the date the provider left the network, and that the provider is part of the new health plan's provider network you are applying for.

**Exception 4:** Provide a letter from the COBRA administrator or your prior carrier verifying that you have exhausted your Federal COBRA benefits, OR a letter of certification from your employer or carrier indicating that the company is going out of business or discontinuing its health plan while you were on Federal COBRA.

**Exception 5:** Provide a certificate of coverage from the prior insurance carrier showing proof of 24 or more months continuous group coverage AND a letter from your employer or former employer indicating the COBRA qualifying event, the date of the COBRA qualifying event, and that the employer is not eligible for Federal COBRA.

**Exception 6:** Provide a letter from your COBRA administrator verifying you are currently on Federal COBRA AND a certificate of coverage from your prior insurance carrier showing proof of 24 or more months of continuous group coverage.

**Exception 7:** Provide a certificate of coverage from the prior insurance carrier showing proof of 24 or more months continuous group coverage AND a letter from your employer or former employer indicating the COBRA qualifying event, the date of the COBRA qualifying event, and that the employer is eligible for Federal COBRA or a Federal COBRA election notice.

**Exception 8:** Provide a letter of verification from your carrier with dates of coverage for proof of your 24 months of eligibility, or copy of the certificate of coverage indicating the begin and end dates of your Basic Health Plan coverage. You must apply for individual coverage within 90 days of the date of disenrollment from your Basic Health Plan coverage.

**Exception 9:** You must submit the application for coverage within 60 days of the date of birth, date of adoption or placement for adoption. If you are adding a newborn child to your existing policy to be effective on their date of birth, or a recently adopted child (or child placed with you in anticipation of adoption) to be effective on the date of adoption or placement, the SHQ is not required. Please provide a copy of the adoption or placement paperwork verifying who is being adopted and by whom, and the date the child was adopted or placed.

**Exception 10:** You must submit a certificate of coverage from your prior insurance carrier showing proof of 24 or more months continuous group coverage and a letter from your employer/former employer indicating the date of expected business closure.

If you have any questions, please feel free to call our Customer Service Department at 1 (888) 232-8229.

Please return the requested information within 3 weeks to:

**Asuris Northwest Health  
Individual Underwriting  
PO Box 1106, MS LB1  
Lewiston ID 83501**

**Or fax to: (877) 369-3410**