Date: [Insert Date]

From:
[Your Full Name]
[Your Business Name, if applicable]
[Your Address]
[Your Phone Number]
[Your Email Address]

To:
[Insurance Marketplace/Carrier Name]
[Address]

Subject: Verification of Qualifying Life Event for Special Enrollment Period

To Whom It May Concern,

I am writing to formally request a Special Enrollment Period (SEP) for health insurance coverage. As an independent worker, I am reporting a qualifying life event that has resulted in a change to my insurance eligibility.

Qualifying Event: [Insert Event, e.g., Loss of Minimum Essential Coverage / Permanent Move / Change in Household Size]

Date of Event: [Insert Date of Event]

Due to this event, I am seeking to enroll in a new health insurance plan. I have attached the following supporting documentation to verify this claim:

- [Document 1: e.g., Termination letter from previous carrier]
- [Document 2: e.g., Proof of new residency]
- [Document 3: e.g., Affidavit of income change]

Please review the attached materials and update my account status to allow for plan selection. Should you require any further information or additional documentation regarding my independent employment status or the qualifying event, please contact me directly.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]