SEP UI Mockups

Landing Page with no prior SEP occurrences

John Doe ▾

Special Enrollment Period

Requested Social Security Number (SSN)   **Name**

ℹ **[Information]**

Instructional content explaining only being able to Edit or Add in a 24hr period.

No Information Found

[Add SEP]

[Save & Exit]

Landing Page with 1 prior SEP occurrence

John Doe ▾

Special Enrollment Period

Requested Social Security Number (SSN)   **Name**

ℹ **[Information]**

Instructional content explaining only being able to Edit or Add in a 24hr period.

Formerly Incarcerated Individual

Incarceration Start Date   **Incarceration Release Date**   **Requested Medicare Enrollment Start Date**
10/11/2018   12/11/2018   Month After Filing (02/2023)

Verified
Yes

[Edit] [Delete]

[Save & Exit]

Landing page with 2 prior SEP occurrence

Special Enrollment Period

Requested Social Security Number (SSN)   **Name**

ℹ **[Information]**

Instructional content explaining only being able to Edit or Add in a 24hr period.

Formerly Incarcerated Individual

Incarceration Start Date
10/11/2018

Incarceration Release Date
12/11/2018

Requested Medicare Enrollment Start Date
Month After Filing (02/2023)

Verified
Yes

[Edit] [Delete]

Formerly Incarcerated Individual

Incarceration Start Date
10/11/2018

Incarceration Release Date
12/11/2018

Requested Medicare Enrollment Start Date
Month After Filing (02/2023)

Verified
Yes

[Edit] [Delete]

[Save & Exit]

Add SEP Page prior to SEP selection

Special Enrollment Period

Requested Social Security Number (SSN)   **Name**

* Indicates required information
*Add SEP Type ❓ More Info

[-- ▾]

[Save] [Cancel]

Add SEP Page with Emergency or Natural Disaster Selected

Special Enrollment Period

Requested Social Security Number (SSN)　　　　**Name**

*Indicates required information

＊Add SEP Type　❷ More Info

[Emergency or Natural Disaster　　　　　　　▾]

ℹ **Emergency or Natural Disaster.** An individual who resides (or resided) in an area for which a Federal, state or local government entity declared a disaster or other emergency that caused him or her to miss a Medicare enrollment period.

＊Emergency or Disaster Area　　　　　　　**＊Emergency or Disaster Category**

[-- 　　　　　▾]　　　　　　　　　　　[-- 　　　　　▾]

＊Emergency or Disaster Start Date　　　　**Emergency or Disaster Stop Date**

[　　　　　　　　　　]　　　　　　　　　[　　　　　　　　　　]

mm/dd/yyyy　　　　　　　　　　　　　　　mm/dd/yyyy

＊Verified

Proof of Declaration of Emergency/Disaster received.

○ Yes　　○ No

[**Save**]　[Cancel]

Add SEP Page with Formerly Incarcerated Individual

Special Enrollment Period

Requested Social Security Number (SSN)　　　　**Name**

*Indicates required information

＊Add SEP Type　❷ More Info

[Formerly Incarcerated Individuals　　　　　▾]

ℹ **Formerly Incarcerated Individual.** An individual who was eligible for Medicare and did not enroll or reenroll in Medicare during another enrollment period due to incarceration.

＊Incarceration Start Date　　　**＊Incarceration Release Date**　　　**＊Requested Medicare Enrollment Start Date**

[　　　　　　　　]　　　　　[　　　　　　　　]　　　　　　○ Month After Filing (02/2023)

mm/dd/yyyy　　　　　　　　mm/dd/yyyy　　　　　　　　　○ Earliest Eligible Month (01/2023)

＊Verified

Proof of Incarceration Dates received

○ Yes　　○ No

[**Save**]　[Cancel]

Add SEP with Misrepresentation Selected

Special Enrollment Period

Requested Social Security Number (SSN)   **Name**

*Indicates required information
●**Add SEP Type**   ❷ More Info

[Misrepresentation by Group Health Plan (GHP) or Employer ▾]

ℹ️ **Misrepresentation by Group Health Plan (GHP) or Employer.** An individual who has documented evidence of misinformation that is directly from the individual's or spouse's employer or GHP that caused the individual to not enroll during their Initial Enrollment Period (IEP), a General Enrollment Period (GEP), or another Special Enrollment Period (SEP).

● **Misinformation Date**

[   ]

mm/dd/yyyy

● **Verified**
Written proof of Employer/GHP error and/or written and signed statement from beneficiary received.

⭕ Yes	⭕ No

[**Save**]   [Cancel]

Add SEP Page with Termination of Medicaid Selected

John Doe ▾

Special Enrollment Period

Requested Social Security Number (SSN)	Name

*Indicates required information

*Add SEP Type   ❶ More Info

[Termination of Medicaid ▾]

ℹ️ **Termination of Medicaid.** An individual who lost Medicaid eligibility and is eligible for Medicare.

• Termination Notice Date	• Medicaid Termination Date	• Requested Medicare Enrollment Start Date
[ ]	[ ]	◯ Month After Filing (02/2023)
mm/dd/yyyy	mm/dd/yyyy	◯ Earliest Eligible Month (01/2023)

• **Verified**
Proof of Medicaid Eligibility Termination Received.
◯ Yes   ◯ No

[Save]   [Cancel]

Add SEP Page with Other Exceptional Conditions Selected

Special Enrollment Period

Requested Social Security Number (SSN)   **Name**

* Indicates required information

*Add SEP Type   ❷ More Info

[Other Exceptional Conditions   ▼]

ℹ️ **Other Exceptional Conditions (OEC).** An individual who experienced circumstances outside of his or her control that caused him or her to miss a Medicare enrollment period.

* Other Exceptional Conditions
Start Date

[   ]

mm/dd/yyyy

* Explanation of Other Exceptional Conditions
Provide additional information in support of Other Exceptional Conditions. (250 characters maximum)

[   ]

Characters remaining: 250

*Verified
Proof of Other Exceptional Conditions Received.

[○ Yes | ○ No]

*OEC SEP Approved

[○ Yes   ]
[○ No   ]
[○ Pending]

[**Save**]   [Cancel]

Edit SEP Page when an existing SEP is edited

John Doe ▾

Special Enrollment Period

Requested Social Security Number (SSN)   **Name**

Formerly Incarcerated Individual

* **Incarceration Start Date**

[10/11/2018]

mm/dd/yyyy

* **Incarceration Release Date**

[12/11/2018]

mm/dd/yyyy

* **Requested Medicare Enrollment Start Date**

○ Month After Filing (02/2023)

○ Incarceration Release Month (01/2023)

* **Verified**

Proof of Incarceration Dates received

○ Yes   ○ No

[Save]   [Cancel]