



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 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

Landing page with 2 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 10/11/2018	Incarceration Release Date 12/11/2018	Requested Medicare Enrollment Start Date Month After Filing (02/2023)
Verified Yes		
<a>Edit <a>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		
<a>Edit <a>Delete		

Save & Exit

Add SEP Page prior to SEP selection

John Doe ▾

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

John Doe ▾

Special Enrollment Period

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

* Indicates required information
* Add SEP Type [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**
mm/dd/yyyy

* **Emergency or Disaster Stop Date**
mm/dd/yyyy

* **Verified**
Proof of Declaration of Emergency/Disaster received.

Yes No

Add SEP Page with Formerly Incarcerated Individual

John Doe ▾

Special Enrollment Period

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

* Indicates required information
* Add SEP Type [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**
mm/dd/yyyy

* **Incarceration Release Date**
mm/dd/yyyy

* **Requested Medicare Enrollment Start Date**

Month After Filing (02/2023)

Earliest Eligible Month (01/2023)

* **Verified**
Proof of Incarceration Dates received

Yes No

Add SEP with Misrepresentation Selected

John Doe ▾

Special Enrollment Period

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

* Indicates required information

• **Add SEP Type** [More Info](#)

Misrepresentation by Group Health Plan (GHP) or Employer ▾

1 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

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 [More Info](#)

Termination of Medicaid ▾

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

*Termination Notice Date

mm/dd/yyyy

*Medicaid Termination Date

mm/dd/yyyy

*Requested Medicare Enrollment Start Date

Month After Filing (02/2023)

Earliest Eligible Month (01/2023)

*Verified

Proof of Medicaid Eligibility Termination Received.

Yes No

Save

Cancel

Add SEP Page with Other Exceptional Conditions Selected

John Doe ▾

Special Enrollment Period

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

* Indicates required information

* Add SEP Type [More Info](#)

Other Exceptional Conditions ▾

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

Special Enrollment Period

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

Formerly Incarcerated Individual

• **Incarceration Start Date**

mm/dd/yyyy

• **Incarceration Release Date**

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