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day that individuals could sign up for health insurance coverage for 2014 under the Obamacare mandate without risking a hefty financial penalty. Or was it?

**Ken Berry, JD** • Apr. 04, 2014

*[This is one of a [series of articles](#) on new developments relating to the Patient Protection and Affordable Care Act of 2010 (aka "Obamacare").]*

Despite reports of a formal extension circulating in the media, March 31 was the last day that individuals could sign up for health insurance coverage for 2014 under the Obamacare mandate without risking a hefty financial penalty. Or was it?

Officially, the March 31 deadline has come and passed, so this should be a moot point. However, due to a few squirrely rules being promulgated government agencies, there's some wiggle room left for procrastinators.

For starters, if you started an application at [www.healthcare.gov](http://www.healthcare.gov) before the stroke of midnight on March 31, you can still complete and qualify for coverage during the open enrollment period for 2014. What's more, even if you didn't go online before April 1, you're allowed to apply after the deadline if you fall under guidelines created on March 26 by the Department of Health & Human Services (HHS).

The HHS guidelines provide for these ten exemptions to the March 31 deadline.

1. **Exceptional circumstances:** The consumer faces exceptional circumstances, as determined by Centers for Medicare & Medicaid Services (CMS), such as a natural disaster, medical emergency and planned system outages that occur on or around plan selection deadlines.
2. **Misinformation, misrepresentation or inaction:** Misconduct by individuals or entities providing formal enrollment assistance (like an insurance company,

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- by submitting an application to the marketplace. The error in the processing of applications submitted by immigrants caused the consumer to receive an incorrect eligibility result when he or she tried to apply for coverage.
5. Display errors on marketplace website: Incorrect plan data was displayed at the time the consumer selected the health insurance plan, such as plan benefit and cost-sharing information.
  6. Medicaid/CHIP – Marketplace transfer: Consumers who were found ineligible for Medicaid or the Child's Health Insurance Program (CHIP) and their applications weren't transferred between the State Medicaid or CHIP agency and the marketplace in time for the consumer to enroll in a plan during the open enrollment period.
  7. Error messages: The consumer is not able to complete enrollment due to error messages.
  8. Unresolved casework: The consumer is working with a caseworker on an enrollment issue that is not resolved prior to end of open enrollment period.
  9. Victims of domestic abuse: This applies to a consumer who is married and is subject to domestic abuse. Consumers in this category can apply and select a plan through May 31, 2014.
  0. Other system errors: Various other system errors, as determined by CMS, hindered enrollment completion.

The period for qualifying under the ten exemptions doesn't have an official "drop dead" date. The Obama administration says it will announce the end of this special enrollment period once it knows how many exemptions are being requested. However, at the very least, you must apply by April 15th to obtain coverage starting in May.

The White House hopes the exemptions will encourage signups. The open enrollment program was plagued by technical issues, particularly in the first two months, and confusion over choices. Although improvements were made, some

consumers still weren't able to complete their applications without running into a

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