 **EXCEPTION FORM**

FOR OPEN ENROLLMENT ONLY

IC SUBMIT BY ONLINE UPLOAD

**MUST BE RECEIVED IN DEI BY 12/31/2024**

**If the member did not log in during OE, only extenuating circumstances will be approved.**

***Ex: In the hospital for the duration of OE***

**All others will be automatically denied.**

Agency/Employer Name

Agency Insurance Coordinator/HR Contact

Today’s Date:

PLANHOLDER’S PERSONAL INFORMATION

|  |  |
| --- | --- |
| Name and mailing address | Telephone Number |
|       |       |
| SSN or KHRIS Per Nr |
|       |

REASON FOR OPEN ENROLLMENT EXCEPTION *(Must include the appropriate enrollment application or the exception request will not be reviewed)*

|  |
| --- |
|       |

TO BE COMPLETED BY THE DEPARTMENT OF EMPLOYEE INSURANCE

Date Received:       Date of Decision:

Approved: [ ]  Denied: [ ]

Reason if denied:

|  |
| --- |
|       |