 **EXCEPTION FORM**

FOR OPEN ENROLLMENT ONLY

IC SUBMIT BY ONLINE UPLOAD

**MUST BE RECEIVED IN DEI BY 12/31/2025**

*If a member did not log in to ESS during Open Enrollment and select the Open Enrollment tile, their request will be automatically denied. Only extenuating circumstances will be considered for approval (e.g., hospitalization for the duration of Open Enrollment). All other situations will result in an automatic denial.*

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)*

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TO BE COMPLETED BY THE DEPARTMENT OF EMPLOYEE INSURANCE

Date Received:       Date of Decision:

Approved: [ ]  Denied: [ ]

Reason if denied:

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