TEAM KENTUCKY PERSONNEL CABINET | Department of Employee Insurance

EXCEPTION FORM

FOR OPEN ENROLLMENT ONLY
Send through the DEI Form Upload
MUST BE RECEIVED BY 01/31/2027

PLANHOLDER'S PERSONAL INFORMATION

Name: _____

Mailing Address: _____

Agency/Employer Name: _____

IC/HRG Name: _____

Agency Number: _____

Telephone No.: _____

KHRIS User ID or PerNr: _____

Social Security Number: _____

Effective Date of Requested Change: _____

EXPLAIN REASON FOR EXCEPTION REQUEST BY ANSWERING THE QUESTIONS BELOW *(Must include the appropriate enrollment application or the exception request will not be reviewed. Be as specific as possible; the request may be denied.)*

WHAT IS THE EXACT PLAN CHANGE YOU ARE REQUESTING?

WHAT EXTENUATING CIRCUMSTANCE PREVENTED YOU FROM MEETING THE INITIAL DEADLINE?

EXPLAIN WHO IS RESPONSIBLE FOR THE EXCEPTION REQUEST (*This explanation must describe who caused the error and the specific measures that will be taken to avoid a similar issue in the future.)*

By signing below, I swear, or affirm, that the information provided above is accurate and complete to the best of my recollection and belief. I also hereby agree to respond to any KEHP inquiry or clarification regarding the information above, within a reasonable period of time.

Member Printed Name _____ Member Signature(*or e-sign by typing name)* _____ Date _____

IC/HRG Printed Name _____ IC/HRG Signature (*or e-sign by typing name)* _____ Date _____