Department of Employee Insurance
Enrollment Information Branch
1.888.581.8834

2027 FEDERAL POST TAX REQUEST FORM

Unless a Federal Post Tax Request Form is signed, employees who qualify for pre-tax status will AUTOMATICALLY receive qualified benefits under the Commonwealth's Cafeteria Plan (paying with pre-tax dollars).

EMPLOYEE INFORMATION

Employee's KHRIS User ID:
Employee's SSN:
Employee's Name:

AUTHORIZATION AND CERTIFICATION

- I hereby elect to waive participation in the Qualified Benefits under the Commonwealth of Kentucky's Cafeteria Plan.
- I understand that I will not have another opportunity to participate in the Commonwealth of Kentucky's Cafeteria Plan and pay for benefits on a pre-tax basis until a subsequent open enrollment period or unless I experience a qualifying event.
- I also understand that signing this form does not cancel my health/dental/vision insurance coverage, only my opportunity to participate in the Federal pre-tax method of payment.
- I understand that if I have enrolled for health/dental/vision insurance coverage on a separate benefit enrollment form, I will pay my share of the contribution with Federal after-tax payroll deductions.

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Employee signature Date