



EXCEPTION FORM

Send through the DEI Form Upload
MUST COMPLETE ALL SECTIONS

PLANHOLDER'S PERSONAL INFORMATION

Name:

Mailing Address:

Agency/Employer Name:

IC/HRG Name:

Agency Number:

Telephone No.:

KHRIS User ID or PerNr:

SSN:

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 promise 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