

Enter khris.ky.gov in any internet browser and you will see a log-in screen.

Your KHRIS User ID was mailed to your home AND can be retrieved by clicking the Forgot KHRIS User ID link. The Insurance Coordinator may also obtain your KHRIS User ID by looking at Infotype 105 in KHRIS.

When you log in for the first time, you must select the Forgot/Reset Password or New User link to set a password on your account.

Having trouble viewing, [click here](#)

**Welcome**

KHRIS User ID \*

Password \*

[Log In](#)

[Forgot KHRIS User ID?](#)

[Forgot/Reset Password or New User?](#)

[Browser Requirements](#)

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**Enter the following required criteria and click Authenticate**

### Forgot/Reset Password or New User?

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Validate KHRIS User ID    **Authenticate Employee Information**    New Password

#### Forgot your KHRIS Password?


Please complete ALL the following questions and you will be able to reset your own password for KHRIS and access the portal immediately:

1. Fill in your last name. Please use your last name as it appears on your social security card – no nicknames or abbreviations.
2. Type in your ZIP Code.
3. Fill in your birthday, using a format of MM/DD/YYYY -or- click on the calendar icon and select it from the calendar.
4. Type in your social security number.
5. Click on **Authenticate** button.

#### Confirm information to reset password:

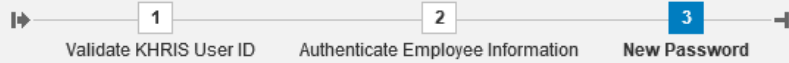
\* Last Name:

\* ZIP Code:

\* Date of Birth:    
MM/DD/YYYY

\* Social Security Number:  **Authenticate**

## Forgot/Reset Password or New User?



### ! Password Requirements

1. Your password must be at least 8 alphanumeric characters in length.
2. Contain at least 1 number.
3. Contain at least 1 uppercase.
4. Contain at least 1 lowercase.
5. Contain at least 1 special character.
6. Must be different from your last 24 passwords.
7. First character of your password CANNOT be an exclamation point (!) or a question mark (?).

### Enter Your New Password

\* New Password:

\* Confirm Password:

**Once you set a password, you will return to the KHRIS log-in screen and after you enter your KHRIS User ID and PW, this screen will appear.**

**From this point forward, it guides you through the various steps to complete your enrollment for Health, Anthem Dental, Anthem Vision and Life Insurance.**

#### User Security Agreement for Access to Confidential Data Maintained by the Personnel Cabinet

I understand security measures have been established to provide access to the Kentucky Human Resource Information System (KHRIS). I understand these security measures may also provide inquiry and/or update capabilities to all systems maintained by the Personnel Cabinet, to include, but not limited to, KHRIS, KHRIS' Employee Self Service (ESS) and/or KHRIS' Manager Self Service (MSS), MyPURPOSE, Image Connect, and/or CICS.

I acknowledge and agree to the following:

- I understand in order to obtain access to Personnel Cabinet systems, I have been given a User ID and password. I am solely responsible for all information obtained through this computer system access using only my ID and password. I am obligated to keep all Access Codes, including my User ID, password, security questions, etc., confidential to prevent unauthorized access to my accounts and to prevent unauthorized use of these systems.
- I will not allow any person to use my ID and password to logon to any network or system of the Personnel Cabinet. I am responsible for any use or abuse of KHRIS information and any other system information with these accounts, since no other person will have authorized access through my account.
- I further understand that the Personnel Cabinet may cancel my access at any time without notice if security has been or may be compromised.
- I understand that KHRIS and any other Personnel Cabinet system data (processed or stored under local directories) shall not be used for any purpose other than official Commonwealth agency business. I shall not disclose in any manner to any entity or individual who does not have a legitimate need to know without the prior, written consent of the Secretary of the Personnel Cabinet.
- I understand that some information that I access as an Authorized Agency User may be considered not only confidential but also Protected Health Information (PHI) subject to the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Additionally, I understand some levels of access to KHRIS require Personnel Cabinet sponsored HIPAA training before access is granted. This training shall be renewed periodically.
- Any User that improperly discloses, intentionally misuses or inappropriately transfers any confidential information, may be subject to disciplinary action up to and including dismissal, pursuant to KRS 18A, 101 KAR 1:345, 101 KAR 3:050, or other applicable state and federal law. Any User who violates the terms of this Agreement may also be exposed to additional civil and/or criminal charges.

I understand I shall notify my Agency Security Contact of any actual or suspected data security breach as soon as possible. The Agency Security Contact is responsible for immediately notifying the Personnel Cabinet. I further understand and agree nothing contained in this Agreement shall be construed as granting any property rights, by license or otherwise, to any confidential information.

By clicking "I have read and understand" above, I acknowledge it is my responsibility to comply with the terms of this Agreement, which I have read and accepted these conditions as stated herein and within KHRIS documentation. I further acknowledge this action serves as my signature indicating I agree to maintain the confidentiality of all information obtained at all times, including if and when I am no longer an employee of the Commonwealth.

? KEHP Tobacco Use Declaration



*The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As a part of KEHP's LivingWell wellness program, KEHP offers a monthly discount in premium contribution rates for non-tobacco users. You are eligible for the non-tobacco-user premium contribution rates provided you certify, during the health insurance enrollment process, that you or any other person over the age of 18 to be covered under your plan has not regularly used tobacco within the past six months. "Regularly" means tobacco has been used four or more times per week on average excluding religious or ceremonial uses. "Tobacco" means all tobacco products including, but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products regardless of the method of use.*

**TOBACCO USE INFORMATION**

**Within the past six months, have you, or a spouse or dependent to be covered under your health insurance plan, used tobacco regularly?**

YES, I do use tobacco.  NO, I do not use tobacco.

\*You must answer YES or NO then click 'Save and Continue' to enter Open Enrollment.

[Save and Continue](#)

**KHRIS** New Participant: Step 1 of 7 (Personal Profile)

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You can review and edit your personal information by choosing the Edit Personal Profile button.

Personal Data	Tobacco Usage
Full name: Duck , Donald SSN: ###-##-4321 Gender: Male Communication Lang.: EN	Tobacco status: No

Addresses

**Permanent residence**

House Number And Street: 123 DEI Test Address  
 Address Line 2:  
 City: Frankfort  
 State: KY  
 ZIP Code: 40601  
 Primary Phone:

Communication

**E-mail**

DONALD.DUCK@KY.GOV

This is your basic demographic information that your insurance coordinator entered into KHRIS when you were hired. You may update your address, phone number and email by clicking the Edit Personal Profile button.

**KHRIS** New Participant: Step 2 (Dependents and Beneficiaries)

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You can review and edit the information for your dependents and beneficiaries by choosing the Edit Dependents and Beneficiaries button. It is necessary to add your dependent and beneficiary information.

Family Members / Dependents	External Organizations
No data available	No data available

This is the step you will add dependents and beneficiaries. You may enter a spouse or eligible dependent children by clicking the Edit Dependents and Beneficiaries button. If desired, later in the enrollment process, you may attach them to your benefits and designate life insurance beneficiaries.

Continue Enrollment >

Family Members / Dependents

Add

Family / Dependents comprises the name and address of the employee's family members, such as the spouse or children.  
No data available

- Spouse
- Child
- Other Beneficiaries

External Organizations

Add

External Organizations (such as charities) to designate as your beneficiaries.  
No data available

Save and Back

Cancel

Name

\* First Name:   
\* Last Name:   
Middle Initial:

Address

House Number And Street:   
Address Line 2:   
City:   
State:   
ZIP Code:   
Telephone:

Data At Birth

\* Date Of Birth:   
Gender:  Female  
 Male  
 Undeclared

Other Personal Data

\* Social Security Number:



New Participant: Step 2 (Dependents and Beneficiaries)

< Previous   Next >   Save   Edit Dependents and Beneficiaries



You can review and edit the information for your dependents and beneficiaries by choosing the Edit Dependents and Beneficiaries button. It is necessary to add your dependent and beneficiary information.

Family Members / Dependents

External Organizations

Spouse

No data available

Name: Duck Daisy

Date of Birth: 06/10/1972

Valid From: Today

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You can select a Health Plan by clicking the create/edit icon (paper or pencil). You can save your benefit elections in the Review and Save step of the enrollment process. To review additional plan information, terms/conditions and legal notices, click the Plan Information button above. **(Note: If you wish to Waive health insurance coverage, select the create/edit icon next to Medical Plan Type.)**

Enroll or Waive in Health Plans

Actions	Plan Type	Starts On	Status	Plan Name	Coverage	Dependents	Pre-Tax Costs	Post-Tax Costs
	Medical	07/01/2019						
	Dental	07/01/2019						
	Vision	07/01/2019						

Select a Medical Plan

Tobacco Usage

Tobacco status: No

	Plan Name	Option	Coverage	Pre-Tax Costs
<input checked="" type="radio"/>	LivingWell CDHP	KEHP	Single	24.71 USD Semi-monthly
<input type="radio"/>	LivingWell CDHP	KEHP	Couple	152.31 USD Semi-monthly
<input type="radio"/>	LivingWell PPO	KEHP	Single	41.19 USD Semi-monthly
<input type="radio"/>	LivingWell PPO	KEHP	Couple	264.18 USD Semi-monthly
<input type="radio"/>	LivingWell Basic CDHP	KEHP	Single	13.10 USD Semi-monthly
<input type="radio"/>	LivingWell Basic CDHP	KEHP	Couple	130.03 USD Semi-monthly

Enroll Dependents

Daisy Duck (Spouse) - Ineligible: Not valid for selected coverage level ###-##-7777

Add Cancel

These next few steps is where you will choose the benefits to enroll in (health, dental, vision, life and flexible spending accounts).



Tobacco Usage

Tobacco status: No

	Plan Name	Option	Coverage	Pre-Tax Costs
<input type="radio"/>	LivingWell CDHP	KEHP	Single	24.71 USD Semi-monthly
<input checked="" type="radio"/>	LivingWell CDHP	KEHP	Couple	152.31 USD Semi-monthly
<input type="radio"/>	LivingWell PPO	KEHP	Single	41.19 USD Semi-monthly
<input type="radio"/>	LivingWell PPO	KEHP	Couple	264.18 USD Semi-monthly
<input type="radio"/>	LivingWell Basic CDHP	KEHP	Single	13.10 USD Semi-monthly
<input type="radio"/>	LivingWell Basic CDHP	KEHP	Couple	130.03 USD Semi-monthly

Enroll Dependents

Daisy Duck (Spouse) ###-##-7777

Add Cancel

LIVINGWELL PROMISE



**i** You have **NOT** completed your enrollment! When you select the continue button below, you will be able to complete the enrollment process.

To emphasize the importance of improving the health and wellness of KEHP members, **all health plans offered by KEHP in 2019 include the LivingWell Promise**. Planholders who choose to complete the LivingWell Promise will receive an incentive in the form of discounted employee premium contributions for health insurance coverage the following plan year.

All planholders, including both cross-reference planholders, must complete the promise in 2019 to be eligible for a \$40.00 monthly premium discount in 2020. To complete the **LivingWell Promise**:

- You must take the Go365 Health Assessment (HA) OR get a biometric screening;
- You must fulfill your Promise from **January 1, 2019 through July 1, 2019**.
- If you fail to fulfill the LivingWell Promise, you will not receive the premium discount for 2020.

Click the **"CONTINUE"** button below to complete your enrollment.

Continue

All health plans require the completion of the LivingWell Promise.

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You can select a Health Plan by clicking the create/edit icon (paper or pencil). You can save your benefit elections in the Review and Save step of the enrollment process. To review additional plan information, terms/conditions and legal notices, click the Plan Information button. **Wish to Waive health insurance coverage, select the create/edit icon next to Medical Plan Type.)**

## Enroll or Waive in Health Plans

Actions	Plan Type	Starts On	Status	Plan Name	Coverage	Dependents	Pre-Tax Costs
	Medical	07/01/2019	New	LivingWell CDHP	Couple	Daisy Duck	152.31 USD Semi-monthly
	Dental	07/01/2019					
	Vision	07/01/2019					

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You can elect a Life Insurance plan in the table. You can save your benefit elections in the Review and Save step. To review additional plan information and terms/conditions, click the Plan information button above.

## Enroll in Life Plans

Actions	Plan Type	Starts On	Status	Plan Name	Coverage	Primary Beneficiaries
	Basic Life AD&D	07/01/2019	Current	Basic Life and AD&D	20,000.00 USD	
	Optional Life	07/01/2019				
	Dependent Life	07/01/2019				

## Select a Basic Life AD&amp;D Plan

Plan Name	Option	Coverage	Post-Tax Costs
<input checked="" type="radio"/> Basic Life and AD&D	\$20,000	20,000.00	

## Designate Beneficiaries

Name	Relationship	Primary Percentage (%)	Contingent Percentage (%)
Daisy Duck	Spouse	100	0
Total		0	0

[Add](#) [Cancel](#)

It is very important to designate a beneficiary for your life insurance. Remember the \$20,000 basic coverage is FREE to you.





You can select a Flexible Spending Account in the table or skip to the next step. You can save your benefit elections in the Review and Save step. To review additional plan information, terms/conditions:

Enroll in Flexible Spending Accounts

Actions	Plan Type	Starts On	Status	Plan Name
	Healthcare FSA	07/01/2019		
	Dep Care FSA	07/01/2019		



You can review and save your changes to finalize the enrollment process by choosing the Save button. You can edit the benefits plans at any time during the enrollment period.

Plans to be Added

Plan Type	Starts On	Status	Plan Name	Coverage	Dependents	Primary Beneficiaries
Medical	07/01/2019	New	<a href="#">LivingWell CDHP</a>	Couple	Daisy Duck	

Plans to be Changed


Plan Type	Starts On	Status	Plan Name	Coverage	Dependents	Primary Beneficiaries
Basic Life AD&D	07/01/2019	New	<a href="#">Basic Life and AD&amp;D</a>	20,000.00 USD		Daisy Duck (100%)

Plans not Enrolled In

Plan Type
Dental
Vision
Optional Life
Dependent Life
Healthcare FSA
Dep Care FSA



This page is a summary of all of the benefit elections you enrolled in and the ones you did not enroll in. You may click Save to keep your elections or the previous button to make changes.

[Close](#) Data saved successfully[Display Message Log](#)

Once you've reviewed or printed your confirmation statement, click the Close button in the upper left corner to exit enrollment.

[Print Confirmation Statement](#)

## Benefit Elections Summary

Plan Type	Starts On	Status	Plan Name	Coverage	Dependents	Primary Beneficiaries	Pre-Tax Costs
Medical	07/01/2019	Current	<a href="#">LivingWell CDHP</a>	Couple	Daisy Duck		152.31 USD Semi-monthly
Basic Life AD&D	07/01/2019	Current	<a href="#">Basic Life and AD&amp;D</a>	20,000.00 USD		Daisy Duck (100%)	

This final page reflects your enrollment has been successfully saved. You are strongly encouraged to print your confirmation statement or save a .pdf. You can now click the Close button.