



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:
- 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 <i>(or e-sign by typing name)</i>	Date
IC/HRG Printed Name	IC/HRG Signature <i>(or e-sign by typing name)</i>	Date