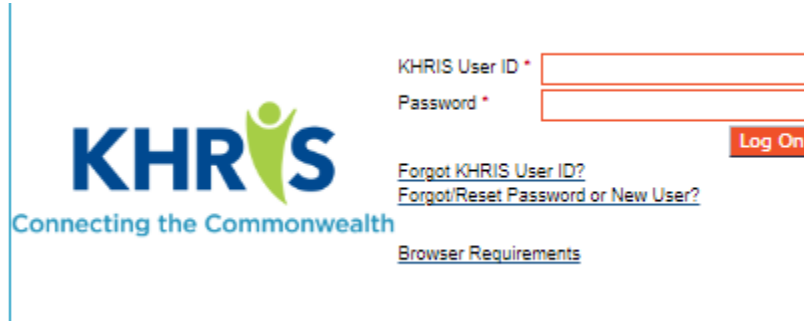


Instructions for Member (employee) DEI Upload Tool for Qualifying Events (QEs)

Things to know before you get started:

- Loss of Medicaid and Gain of Medicaid must be submitted through your insurance coordinator (IC) or benefits office. Do not submit using the member portal.
- Applications must be signed by the employee within 30 days from the QE date. If it is past the 30 days and you haven't signed, do not submit the application. See your IC or benefits office on how to file an exception request.
- If you are adding a Healthcare FSA or Child & Adult Daycare FSA, keep in mind the minimum you must contribute per month is \$10. Only list the amount you want for the remaining paychecks for the year. Ex: If you have a QE for loss of coverage and the QE date is 09/30/25, and you sign the application in October, your effective date will be 11/1/25. The minimum you can elect for the remainder of the year is \$20 (\$10 for Nov and \$10 for Dec). If you list \$3000 and are paid twice a month, the system will divide \$3000 by 6 paychecks, for \$500 a paycheck. Also, if the funds are not used by the end of the year, there is a minimum amount that will rollover to the next plan year. Review the Benefits Selection Guide at kehpcy.gov for the minimum rollover amount to ensure you do not lose any unused funds.
- You must add the dependent with the QE to add additional dependents (tag-alongs) to the plan. Ex: you have a birth QE and want to add a dental plan. You must add the child, to add a dental plan. You can add coverage for yourself, other children, or the spouse as tag-alongs to the dental plan.

Step 1: Member will log into Khris.ky.gov. The KHRIS User ID is the same ID that you use during Open Enrollment. If you don't know the ID, you can click the [Forgot KHRIS User ID](#) to retrieve. You can click [Forgot/Reset Password](#) to reset your password. If you have any issues with retrieving your KHRIS User ID, contact your IC/HRG for assistance.



KHRIS User ID *

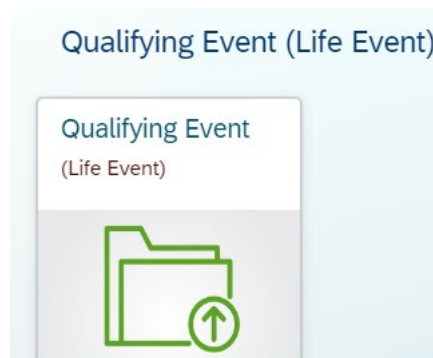
Password *

[Log On](#)

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

[Browser Requirements](#)

Step 2: Click on Qualifying Event (Life Event) tile.



Step 3: Fields marked with an * are required.

- a. Select plan year.

Fields marked with an * are required.

Plan Year: *

Please Select... ▼

b. Select the applicable Qualifying Event.

Qualifying Event(s) *	
<input type="radio"/> Marriage	<input type="radio"/> Loss of Group Health
<input type="radio"/> Birth/Adoption/Placement	<input type="radio"/> Begin Medicare
<input type="radio"/> Court Order for Child	<input type="radio"/> End Medicare
<input type="radio"/> Divorce	<input type="radio"/> Spouse/Dependent Starting Employment
<input type="radio"/> Loss of Individual Health	<input type="radio"/> Spouse/Dependent Terminating Employment
	<input type="radio"/> Other: <input type="text"/>

c. If any information under employee information is incorrect or needs to be updated, please update it on the Employee Benefits Enrollment Change form. Example: date of birth, address, social, phone number.

d. Employee should pull up the Employee Benefits Enrollment Change form located at: <https://extranet.personnel.ky.gov/Pages/KEHP-Forms-for-members.aspx> and complete all sections. *Note: IC/HRG signature, IC/HRG printed name, IC/HRG phone# and Date of IC signature are not required.*

Step 4: Attach the Employee Benefits Enrollment Change form in the Application field and click on Save.

Attachments - *only PDFs allowed* - Please follow [this guide](#) to create a compatible PDF. You must save each file you attach before hitting submit.

Application*:	<input type="text"/>	<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Save"/>
Supporting Documentation:	<input type="text"/>	<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Save"/>

Step 5: Attach supporting documentation in the Supporting Documentation field and click on Save. Ex: Birth certificate, marriage certificate, loss of coverage letter, gain of coverage letter.

Attachments - *only PDFs allowed* - Please follow [this guide](#) to create a compatible PDF. You must save each file you attach before hitting submit.

Application*:	<input type="text"/>	<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Save"/>
Supporting Documentation:	<input type="text"/>	<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Save"/>

Step 6: Click on the Submit button. Once you have submitted the application, you will receive an email advising it was submitted. Please allow up to 2 weeks for your application to be processed.

Attachments - *only PDFs allowed* - Please follow [this guide](#) to create a compatible PDF. You must save each file you attach before hitting submit.

Application*:	<input type="text"/>	<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Save"/>
Supporting Documentation:	<input type="text"/>	<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Save"/>
Supporting Documentation:	<input type="text"/>	<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Save"/>
Supporting Documentation:	<input type="text"/>	<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Save"/>
Supporting Documentation:	<input type="text"/>	<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Save"/>