Kentucky Employees' Health Plan
Department of Employee Insurance
KPPA 800-928-4646; TRS 800-618-1687; LRP/JRP 502-564-5310

TEAM KENTUCKY PERSONNEL CABINET | Kentucky Employees' Health Plan

PLAN YEAR 2023 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE FORM

Section 1: To Be Completed by Insurance Coordinator

KHRIS Personnel Number	Hazardous Duty ☐	Date of Retirement	Qualifying Event Date	Coverage Effective Date

☐ KPPA 80000 10006416	☐ TRS 85000 10006418	☐ KCTCRS 81000 10006417	☐ JRP 86000 10006419	☐ LRP 87000 10006420

KPPA Only:	☐ KPPA - KERS	☐ CERS – Oth. Ag	☐ KPPA - SPRS

Reason(s) for Application:
- ☐ Open Enrollment
- ☐ New Retiree
- ☐ Returning Retiree
- ☐ Return to Work Retiree
- ☐ Qualifying Event
- ☐ Exception
- ☐ Demographic Change

Qualifying Event:
- ☐ Marriage
- ☐ Birth/Adoption/Placement
- ☐ Court Order for Child
- ☐ Divorce
- ☐ Death – Date:
- ☐ Loss of Individual Health
- ☐ Loss of Group Health
- ☐ Begin Medicare/Medicaid
- ☐ End Medicare/Medicaid
- ☐ Loss of KCHIP
- ☐ Spouse/Dependent Starting Employment
- ☐ Spouse/Dependent Terminating Employment
- ☐ Special Enrollment
- ☐ Other:

Termination:
Coverage End date

Section 2: Demographic Information - Changes or Current (Circle one)

Retiree's SSN	Retiree's Name (Last, First, MI)	Retiree's Date of Birth
Applicant's SSN	Applicant's Name (Last, First, MI) If plan holder is not the Retiree	Applicant's Date of Birth

Mailing Address	Primary Phone #	Secondary Phone #
City, State Zip	Home County	Home Email Address

Sex: ☐Male ☐Female | Married: ☐Yes ☐No

***Required information for processing. Are you Medicare eligible due to Social Security disability? ☐Yes ☐No

Section 3: Spouse Information – Skip to Section 5 if electing single coverage - Changes or Current (Circle one)

Spouse's SSN	Spouse's Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	Sex ☐Male ☐ Female

***Required information for processing. Is Spouse Medicare eligible due to Social Security disability? ☐Yes ☐No

☐ I wish to utilize the Cross reference payment option (two KEHP members, married with children – no LRP or JRP).

KPPA Only:	☐ KPPA - KERS	☐ CERS – Oth. Ag	☐ KPPA - SPRS

Spouse's Date of Hire/Retirement	Spouse's Organizational Unit #	Spouse's Company #

Spouse's Home Email Address	Spouse's Work Email Address

Section 4: Dependent Information - Changes or Current (Circle one)

*** Required information for processing. Are any Dependents Medicare eligible due to Social Security Disability? ☐ Yes ☐ No

If yes, who?

Child #1 SSN	Name (Last, First, MI)	☐ Natural ☐ Adopted ☐ Court Ordered	☐ Foster ☐ Step ☐ Disabled	Date of Birth	☐Male ☐Female	☐Add ☐ Drop ☐Remain
Child #2 SSN	Name (Last, First, MI)	☐ Natural ☐ Adopted ☐ Court Ordered	☐ Foster ☐ Step ☐ Disabled	Date of Birth	☐Male ☐Female	☐Add ☐ Drop ☐Remain
Child #3 SSN	Name (Last, First, MI)	☐ Natural ☐ Adopted ☐ Court Ordered	☐ Foster ☐ Step ☐ Disabled	Date of Birth	☐Male ☐Female	☐Add ☐ Drop ☐Remain
Child #4 SSN	Name (Last, First, MI)	☐ Natural ☐ Adopted ☐ Court Ordered	☐ Foster ☐ Step ☐ Disabled	Date of Birth	☐Male ☐Female	☐Add ☐ Drop ☐Remain

Retiree's SSN:						**Applicant's SSN:**
Child #5 SSN	Name (Last, First, MI)	☐ Natural ☐ Adopted ☐ Court Ordered	☐ Foster ☐ Step ☐ Disabled	Date of Birth	☐Male ☐Female	☐Add ☐ Drop ☐Remain

Section 5: Tobacco Use Declaration Rules governing the Tobacco Use Declaration can be found in your Benefits Selection Guide or at kehp.ky.gov. You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

Planholder: Within the past 6 months, have you used tobacco regularly? ☐Yes ☐No	Has your spouse, if covered under this plan, used tobacco regularly within the past 6 months? ☐Yes ☐ No	Have any children covered under this plan age 18 or older used tobacco regularly within the past 6 months? ☐Yes ☐No If yes, who?

Section 6: Coverage Level – Verification documents may be required; check with your Insurance Coordinator or HR office.
Note: If adding newly covered dependents you may be required to provide verification documents to Alight, the dependent audit vendor. Alight will contact you if verification documents are required.

☐ Single (self only)	☐ Parent Plus (self and child(ren))	☐ Couple (self and spouse)	☐ Family (self, spouse, and child(ren))

Section 7: Plan Options – All plans require the LivingWell Promise to receive the monthly premium discount for the next plan year. Instructions on fulfilling your Promise can be found at LivingWell.ky.gov.

☐ LivingWell CDHP

☐ LivingWell PPO

☐ LivingWell Basic CDHP

☐ Default LivingWell Basic CDHP (no HRA funds) – INSURANCE COORDINATOR USE ONLY

☐ Waive Coverage, No HRA – without $ Reason for Waiving: ______________________________

Section 8: Signatures – Please submit this application to your retirement agency Insurance Coordinator – ADDRESS BELOW
By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have read, understand, and agree to the Terms and Conditions of participation in the KEHP, the KEHP Legal Notices, and the Tobacco Use Declaration. These documents can be found in your Benefits Selection Guide or online at kehp.ky.gov.
By typing my name in the space provided below, I am signing this application electronically and am agreeing to conduct this transaction by electronic means.

______________________________ ______________________________
Employee/Retiree Signature Date

______________________________ ______________________________
Applicant Signature-If plan holder is not the retiree Date

______________________________ ______________________________
Spouse Signature – REQUIRED if electing the cross-reference payment option Date

______________________________ ______________________________
IC/HRG Signature Date

______________________________ ______________________________
IC/HRG Printed Name IC/HRG Phone Number

______________________________ ______________________________
Spouse's IC/HRG Signature – REQUIRED if electing the cross-reference payment option Date

______________________________ ______________________________
Spouse's IC/HRG Printed Name Spouse's IC/HRG Phone Number

Kentucky Public Pensions Authority 1260 Louisville Road Frankfort, KY 40601	Teachers' Retirement System 479 Versailles Road Frankfort, KY 40601	Judicial Retirement Plan Legislators Retirement Plan 305 Ann Street, Suite 302 Frankfort, KY 40601

QUALIFYING EVENT (QE) CHART WITH DOCUMENTATION REQUIREMENTS TO ADD/ENROLL

Rev 8/2018

Event	Allowed Changes	Event Date	Signature Deadline	Effective Date	DOCUMENTS REQUIRED
CHANGE IN LEGAL MARITAL STATUS					
Marriage	- Add Retiree, Spouse and/or Dependent(s) including Tag-Alongs [16]	Date of the marriage	35 calendar days from the Event Date	First of the month following signature date	1 (on pg 2)
Divorce, Legal Separation or Annulment	- Add Retiree and Dependent(s) if losing coverage under Spouse's plan	Date of loss of coverage under former Spouse's plan	35 calendar days from the Event Date	First of the month following signature date	1 **AND** 2, 3, or 4 (on pg 2)
Spouse's Death	- Add Retiree and/or Dependent(s) including Tag-Alongs; if coverage is lost due to Spouse's death [16]	Date of loss of coverage under deceased Spouse's plan	35 calendar days from the Event Date	First of the month following signature date	1 **AND** 2, 3, or 4 (on pg 2)
CHANGE IN NUMBER OF DEPENDENTS					
Birth, Adoption, Placement for Adoption	- Add new child, Retiree, Spouse or other Dependent(s) including Tag-Alongs [16]	**Birth**: Date of Birth **Adoption**: Date of Adoption **Foreign Adoption**: Date Visa stamped **Placement**: Placement Date	35 calendar days from the Event Date	**Birth**: Date of Birth **Adoption**: Date of Adoption **Foreign Adoption**: Date Visa stamped **Placement**: Placement Date	1 (on pg 2)
Order requiring coverage for child under Retiree's plan – signed by a judge	- Add Dependent(s) to existing plan if required by a court order, placement by CHFS or if legal guardianship has been awarded [16] - Enroll Retiree if the court order stipulates to add children to Retiree's plan	Date order, notice or guardianship documents are signed by a judge or authorized individual	35 calendar days National Medical Support Notice (NMSN) **may** be processed beyond 35 days	First of the month following signature date	1 (on pg 2)
CHANGE IN EMPLOYMENT STATUS					
Loss of employer-sponsored health coverage	- Add Retiree, Spouse and/or Dependent(s), including Tag-Alongs, if event causes loss of coverage under employer-sponsored health plan [16]	Date of loss of coverage under the employer-sponsored group health plan	35 calendar days from the Event Date	First of the month following signature date	1 **AND** 2, 3, or 4 (on pg 2)
CHANGE IN COVERAGE UNDER OTHER EMPLOYER PLAN/MARKETPLACE PLAN					
Other Employer plan decreases or ceases coverage	- Add Retiree, Spouse and/or Dependent(s) if they have elected or received corresponding decreased coverage under the employer plan	Date of coverage change	35 calendar days from the Event Date	First of the month following signature date	1 **AND** 6 (on pg 2)
Open Enrollment under other plan/different year	- Add Retiree, Spouse or Dependent(s) if electing to end coverage during other Open Enrollment	Last day of the other Open Enrollment period	35 calendar days from the Event Date	Same as the Effective Date of the other Employer's plan	1 **AND** 5 (on pg 2)
Open or Special Enrollment at Marketplace	- Add Retiree, Spouse or Dependent(s) provided OE is after KEHP OE	Last day of the Exchange Special or Open Enrollment	35 calendar days from the Event Date	No earlier than the Exchange coverage effective date	1 **AND** 7 or 8 (on pg 2)

Event	Allowed Changes	Event Date	Signature Deadline	Effective Date	DOCUMENTS REQUIRED
LOSS OF HEALTH COVERAGE					
Loss of eligibility for health coverage sponsored by a governmental or educational institution	- Add Retiree, Spouse or Dependent(s) if coverage group health coverage lost was sponsored by governmental or educational institution [14, 16] - Prospective change only - Tag-Alongs allowed	Date of loss of coverage	35 calendar days from the Event Date	First of the month following signature date	1 **AND** 9 or 10 (below)
Loss of Eligibility for individual health coverage (Marketplace)	- Add Retiree, Spouse or Dependent(s) losing individual health coverage purchased from the Exchange	Loss of eligibility date	35 calendar days from the Event Date	First of the month following signature date	1 **AND** 12 (below)
Loss of group health coverage	- Add Retiree, Spouse or Dependent(s) who has lost coverage if losing group health coverage	Date of loss of coverage	35 calendar days from the Event Date	First of the month following signature date	1 **AND** 2 or 3 (below)
OTHER EVENTS					
Gaining premium assistance subsidy from Medicaid or CHIP	- Add Retiree or Dependent(s) who have become eligible for premium assistance subsidy from Medicaid or CHIP [16]	Date premium assistance is gained	35 calendar days from the Event Date	First of the month following signature date	1 **AND** 9 or 11 (below)
Incarceration ends	- Add Retiree, Spouse or Dependent(s) who satisfy plan eligibility requirements after incarceration	Date incarceration ends	35 calendar days from the Event Date	First of the month following signature date	1 **AND** 15 (below)

REQUIRED DOCUMENTATION

1. Dependent Eligibility Documentation (see chart on Memorandum – Verification Documentation Required)
2. Letter from Employer on letterhead or electronically that includes:
   a. Name(s) of person(s) covered
   b. Coverage termination date and Reason for termination
3. Letter from insurance company that includes:
   a. Type of coverage
   b. Date of termination and Reason for termination
   c. Name(s) of person(s) covered
4. Termination letter from governmental agency providing previous coverage
5. Letter from employer on employer's letterhead, identifying:
   a. Open Enrollment period and deadline
   b. Effective Date of plan
   c. Person(s) being dropped from the policy
6. Proof of change in other employer coverage.
7. Documentation from Exchange insurer or the Exchange showing:
   a. Person(s) covered
   b. Effective date of coverage
8. Confirmation printout or letter from the Exchange showing the coverage was purchased through the Exchange
9. Medicare Enrollment-Termination Form
10. Notification from Medicare
11. Letter from Medicaid or CHIP
12. Proof of loss of eligibility from Marketplace
13. The Retiree must provide the reason the Dependent is re-establishing eligibility under the guidelines of KEHP
14. Applies only to LOSS of coverage. Governmental programs include:
    a. CHIP
    b. A medical care program of an Indian Tribal government
    c. A state health risk pool
    d. A foreign government group health plan
15. Documentation from the jail/prison stating name and release date
16. QE permits change in Plan Option (LivingWell CDHP, LivingWell PPO, LivingWell Basic CDHP, or LivingWell High Deductible Plan).

NOTES:

- All Qualifying Events require an Enrollment/Change Application to be completed and submitted with the required documentation
- Military Insurance Coverage is considered "Another Employer Plan," however, Veteran's Administration (VA) benefits are **NOT** considered "Another Employer Plan."
- All Qualifying Event Applications should be signed within 35 days of the Qualifying Event (unless otherwise stated on the QE chart)
- If coverage terminates mid-month, you cannot sign the QE Application to begin before the termination (unless otherwise stated on the QE chart)
- The final regulation preamble indicates that dependents who can be added are those who were directly affected by the status change event plus other dependents (the so-called "tag-along" rule). However, the examples in the regulation only explicitly deal with situations where an employee elects family coverage and adds family members at no additional cost. It is not clear, but IRS staff members have informally stated that the "tag-along" rule applies even if the employee must increase an election to add additional dependents. Also, the preamble and examples in the regulation indicate that the "tag-along" rule applies to HIPAA events and situations where a spouse terminates employment; it is not clear what other events might be covered by the "tag-along" rule.

Dependent Eligibility Chart

Definition of Eligible Dependent(s)	Documentation
Spouse: A person who is legally married to an Employee or Retiree.	A legible photocopy of the marriage certificate or a legible photocopy of the top half of the front page of the Employee/Retiree's most recent federal tax return (Form 1040).
Common Law Spouse: A person with whom you have established a common law union in a state which recognizes common law marriage (Kentucky does not recognize common law marriage).	A legible photocopy of the certificate or affidavit of common law marriage from a state that does recognize common law marriage.
Child Age 0 to 25: In the case of a child who has not yet attained his/her 26th birthday, "child" means an individual who is – • A son, daughter, stepson, or stepdaughter of the Employee/Retiree, or • An eligible foster child of the Employee/Retiree (eligible foster child means an individual who is placed with the Employee/Retiree by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction and includes court awards of guardianship or custody), or • An adopted child of the Employee/Retiree (a legally adopted individual of the Employee/Retiree, or an individual who is lawfully placed with the Employee/Retiree for legal adoption by the Employee/Retiree).	**Natural Child:** A legible photocopy of the child's birth certificate showing the name of the Employee/Retiree as a parent, or a copy of the footprint certificate from the hospital indicating baby and parent's name, or verification of the birth document from the hospital indicating the names of the baby and parent. **Step Child:** A legible photocopy of the child's birth certificate showing the name of the Employee/Retiree's Spouse as a parent and a legible copy of the marriage certificate showing the names of the Employee/Retiree and the Spouse; or a photocopy of the top half of the front page of the Employee/Retiree's most recent federal tax return (Form 1040). **Legal Guardian, Adoption, or Foster Child(ren):** Legible photocopies of court orders, guardianship documents, or affidavits of dependency, with the presiding judge's signature and filed status; or legible adoption or legal placement decrees with the presiding judge's signature.
Disabled Dependent: A Dependent child who is totally and permanently disabled may be covered by KEHP beyond the end of the month in which he/she turns 26, provided the disability (a) started before his/her 26th birthday and (b) is medically-certified in writing by a physician. A Dependent child will be considered totally and permanently disabled if, in the judgment of KEHP's medical Third Party Administrator (Anthem), the written certification adequately demonstrates that the Dependent child is unable to engage in any substantial gainful activity by reason of medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months. A Dependent child who is not already covered by KEHP at the time of his/her 26th birthday may not later be enrolled in KEHP on grounds of total and permanent disability unless and until he/she sustains a loss of other insurance coverage. In such a case, a request to enroll a Dependent child in KEHP on grounds of total and permanent disability must be made no later than 35 calendar days following the loss of other insurance coverage.	Anthem certifies all disabled Dependents based on medical necessity and Member's financial responsibility for the Dependent. Contact the Enrollment Information Branch at 502-564-1205 for more information. Dependents under age 26 will be enrolled by EIB as a disabled Dependent and Anthem will initiate disabled Dependent certification process. Dependent over age 26, EIB receives request from Member based on loss of other insurance coverage and requests Anthem to initiate disabled Dependent certification process.