



# EXCEPTION FORM

FOR OPEN ENROLLMENT ONLY  
IC SUBMIT BY ONLINE UPLOAD

**MUST BE RECEIVED IN DEI BY 12/31/2023**

Agency/Employer Name  
Agency Insurance Coordinator/HR Contact

Today's Date:

### PLANHOLDER'S PERSONAL INFORMATION

Name and mailing address	Telephone Number
	SSN or KHRIS Per Nr

REASON FOR OPEN ENROLLMENT EXCEPTION *(Must include the appropriate enrollment application or the exception request will not be reviewed)*

### TO BE COMPLETED BY THE DEPARTMENT OF EMPLOYEE INSURANCE

Date Received:      Date of Decision:  
Approved:       Denied:

Reason if denied: