



EXCEPTION FORM

FOR OPEN ENROLLMENT ONLY
IC SUBMIT BY ONLINE UPLOAD

MUST BE RECEIVED IN DEI BY 12/31/2024

If the member did not log in during OE, only extenuating circumstances will be approved.

Ex: In the hospital for the duration of OE

All others will be automatically denied.

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: