



Department of Employee Insurance

EXCEPTION FORM

FOR OPEN ENROLLMENT ONLY

Agency/Employer Name
Agency Insurance Coordinator/HR Contact

Today's Date:
Effective Date of Requested Change:

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: