



Department of Employee Insurance

EXCEPTION FORM
FOR OPEN ENROLLMENT ONLY
IC SUBMIT BY ONLINE UPLOAD
MUST BE RECEIVED IN DEI BY 12/31/2021

Agency/Employer Name
Agency Insurance Coordinator/HR Contact

Today's Date:

PLANHOLDER'S PERSONAL INFORMATION

Table with 2 columns: Name and mailing address, Telephone Number. Includes fields for SSN or KHRIS Per Nr.

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

Large empty rectangular box for providing the reason for open enrollment exception.

TO BE COMPLETED BY THE DEPARTMENT OF EMPLOYEE INSURANCE

Date Received: Date of Decision:
Approved: [] Denied: []

Reason if denied: []