How to Enroll in Benefits in KHRIS Employee Self-Service (ESS)

Note before you proceed:

If you are planning to select the **Cross Reference Payment Option**, read the following guidelines before you begin the *Step-by-Step Instructions*:

A. If you are an active employee cross-referencing with another active employee, the primary active employee will enroll first and make health insurance elections for the entire family, and if desired, enroll in an optional Flexible Spending Account, dental, vision or life insurance coverage. After the primary active employee enrolls, the secondary active employee can enroll in any optional benefit such as a Flexible Spending Account, dental, vision, or life insurance coverage. Follow the *Step-by-Step Instructions* below.

B. If you are an active employee or TRS retiree who is cross-referencing with a KPPA retiree:

- The active employee or TRS retiree will use the Step-by-Step Instructions below to enroll.
- The KPPA retiree will use KPPA's START system to enroll.

C. If you are an active employee or TRS retiree who is cross-referencing with a KCTCS employee or retiree:

- The active employee or TRS retiree will use the Step-by-Step Instructions below to enroll.
- The KCTCS employee or retiree will use the KCTCS system to enroll.

NOTE: the Cross Reference Payment Option is not available if you were hired on or after January 1, 2025 or if you were not actively enrolled in Cross-Reference on or after January 1, 2025.

KHRIS Compatibility and Passwords

Open a browser. KHRIS works best with the following: Microsoft Edge, Chrome Safari (tablets and Mac), Android Internet**, Firefox**, Apple IOS. Pop-up blockers MUST be turned OFF to use KHRIS.

**May experience limited KHRIS functionality

Step-by-Step Instructions

1. Enter: KHRIS.ky.gov

2. Your KHRIS User ID can be retrieved by clicking the Forgot KHRIS User ID link.

3. When you log in for the first time, you must select the Forgot/Reset Password or New User link to set a password on your account.

Current KHRIS ESS User

1. Type your KHRIS User ID and Password.

2. Click LOG IN.

3. Review the User Security Agreement (this will display if it is your first time logging in to KHRIS ESS in 2026).

4. Click I HAVE READ AND UNDERSTAND.

5. Click OPEN ENROLLMENT.

New KHRIS ESS User

1. Click the Forgot/Reset Password or New User/Reset Link.

2. KHRIS User ID — Type your current KHRIS User ID.

3. Click VALIDATE.

4. For security purposes, you must provide the following information: Last name, SSN, DOB, and Zip Code.

5. Click AUTHENTICATE.

6. If your information has been validated, the Password Requirement screen displays.

7. Enter a password that you create in the New Password field and confirm the password by entering again in the Confirm Password field.

8. Click SAVE.

9. Click RETURN TO KHRIS LOGON.

10. Type your KHRIS User ID and the Password you just created.

11. Click LOG IN.

12. Review the User Security Agreement.

13. Click I HAVE READ AND UNDERSTAND.

14. Click OPEN ENROLLMENT.

How to Enroll Steps for Open Enrollment in KHRIS ESS

STEP 1: Personal Profile

1. Review your personal data.

2. Click EDIT PERSONAL PROFILE to change your personal data.

3. You must click EDIT PERSONAL PROFILE to update your Tobacco Status.

4. Under Tobacco Usage, click the pencil icon.

5. Select YES or NO from the drop down to answer the tobacco usage question.

6. Click SAVE and BACK.

7. Under Race/Ethnicity, click the pencil icon to select your race/ethnicity.

8. Select the appropriate option from the drop down to answer the race/ethnicity question.

9. Click SAVE and BACK.

10. Click CONTINUE ENROLLMENT

11. Click NEXT.

STEP 2: Dependents and Beneficiaries

1. Click EDIT DEPENDENTS AND BENEFICIARIES to review/change your family members/dependents.

2. Adding members at this step does not automatically add them to your insurance plan, which is in the next step. **All dependents must have SSN and Date of Birth to attach them to a health plan**.

3. Click NEXT.

STEP 3: Benefit Plans

1. Click the pencil or paper icon under Actions to Enroll in a Health, Dental or Vision Plan or Waive Coverage. Use the scroll bar on the right of the Select a Medical/Waiver Plan window to scroll down.

2. Select a plan by clicking the round button next to your plan choice. If you selected Couple, Parent-Plus or Family coverage, you must select your dependents to add to the Health Plan or Waiver. **NOTE: If the dependent is not displayed, go back to step 2 to add.**

3. Once you have selected a Health Plan or Waiver option and if necessary, selected your dependent(s), click ADD.

4. If you wish to enroll in the Anthem Dental Plan or Anthem Vision Plan, click the pencil icon under Actions for each of these and follow the same steps as in 2 and 3 above. If you do not wish to add these plans, click NEXT.

STEP 4: Life Insurance Plans

NOTE: If your agency does not participate in our Life Insurance, then you will not see this step.

1. If you wish to enroll in Optional Life or Dependent Life, click the pencil or paper icon under Actions for each of these.

2. Select a plan by clicking the round button next to your plan choice.

3. If Optional Life is elected, make sure to designate a beneficiary.

4. Click ADD.

5. Click NEXT.

STEP 5: Flexible Spending Accounts (FSA)

NOTE: If your agency does not participate in our FSA, then you will not see this step.

1. Click the pencil icon under Actions to Enroll in a Healthcare or Dependent Care FSA.

2. After selecting the appropriate plan, you will be prompted to enter the annual contribution amount.

3. Once you have selected the FSA and entered the annual contribution amount, click ADD.

4. Click NEXT to proceed to the review and save step.

STEP 6: Review and Save

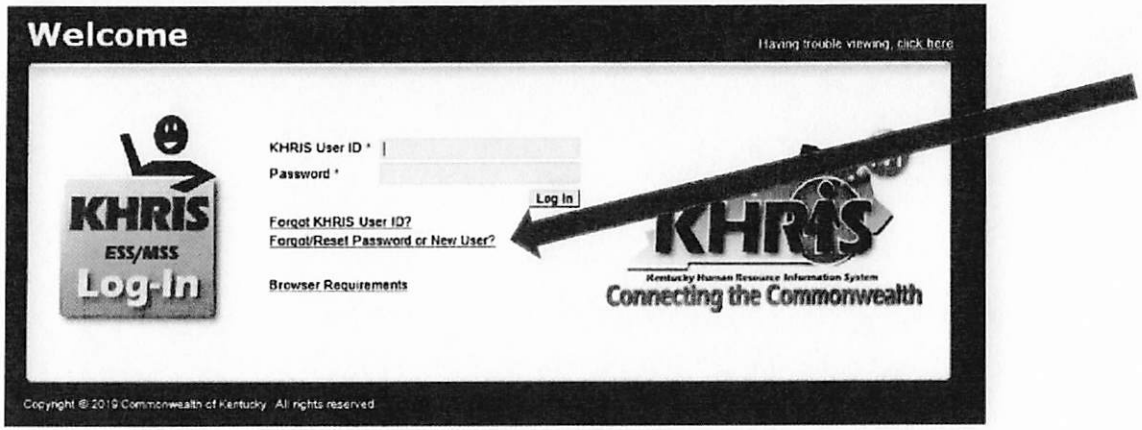
This step displays all your elections for the current Plan Year; if you are satisfied with your plan elections, click SAVE. Once you click save, this message will display: Congratulations! You have successfully enrolled in the current plan year.

At this time, you are strongly encouraged to print or save your confirmation statement by clicking PRINT CONFIRMATION STATEMENT. The confirmation page will open as a .pdf document and you can choose to print or save a copy by clicking the printer or disk icon located at the top of the benefits confirmation page.

Enter khris.ky.gov in any internet browser and you will see a log-in screen.

Your KHRIS User ID was mailed to your home AND can be retrieved by clicking the Forgot KHRIS User ID link. The Insurance Coordinator may also obtain your KHRIS User ID by looking at Infotype 105 in KHRIS.

When you log in for the first time, you must select the Forgot/Reset Password or New User link to set a password on your account.



Enter the following required criteria and click Authenticate



Forgot/Reset Password or New User?

1 Validate KHRIS User ID — 2 Authenticate Employee Information — 3 New Password

Password Requirements

1. Your password must be at least 8 alphanumeric characters in length.
2. Contain at least 1 number.
3. Contain at least 1 uppercase.
4. Contain at least 1 lowercase.
5. Contain at least 1 special character.
6. Must be different from your last 24 passwords.
7. First character of your password CANNOT be an exclamation point (!) or a question mark (?).

Enter Your New Password

*New Password

*Confirm Password

Save

Once you set a password, you will return to the KHRIS log-in screen and after you enter your KHRIS User ID and PW, this screen will appear.

From this point forward, it guides you through the various steps to complete your enrollment for Health, Anthem Dental, Anthem Vision and Life Insurance.

Decline Agreement | Sign

User Security Agreement
for
Access to Confidential Data
Maintained by the Personnel Cabinet

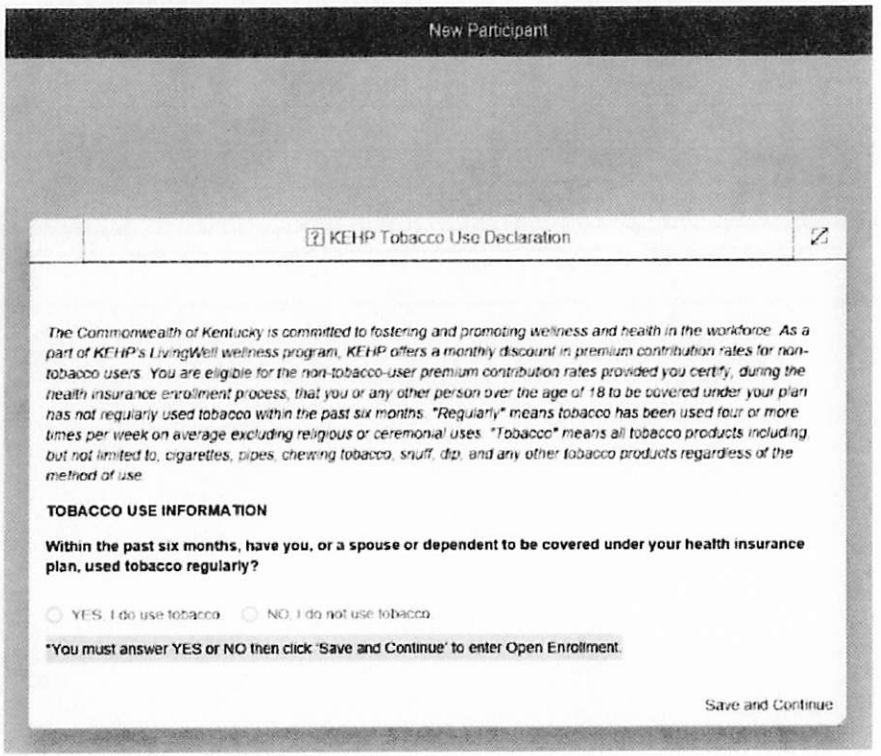
I understand security measures have been established to provide access to the Kentucky Human Resource Information System (KHRIS). I understand these security measures may also provide inquiry and/or update capabilities to all systems maintained by the Personnel Cabinet, to include, but not limited to, KHRIS, KHRIS' Employee Self Service (ESS) and/or KHRIS' Manager Self Service (MSS), MyPURPOSE, Image Connect and/or CICS.

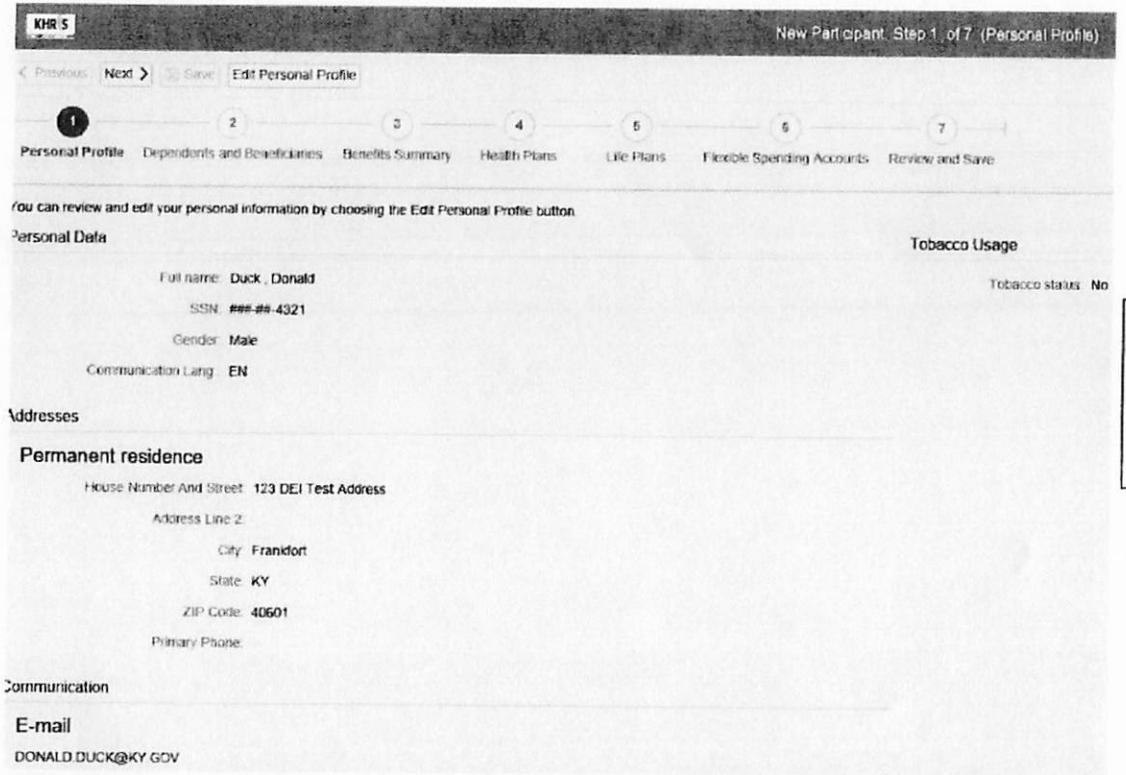
I acknowledge and agree to the following:

- I understand in order to obtain access to Personnel Cabinet systems, I have been given a User ID and password. I am solely responsible for all information obtained through this computer system access using only my ID and password. I am obligated to keep all Access Codes, including my User ID, password, security questions, etc., confidential to prevent unauthorized access to my accounts and to prevent unauthorized use of these systems.
- I will not allow any person to use my ID and password to logon to any network or system of the Personnel Cabinet. I am responsible for any use or abuse of KHRIS information and any other system information with these accounts, since no other person will have authorized access through my account.
- I further understand that the Personnel Cabinet may cancel my access at any time without notice if security has been or may be compromised.
- I understand that KHRIS and any other Personnel Cabinet system data (processed or stored under local directories) shall not be used for any purpose other than official Commonwealth agency business. I shall not disclose in any manner to any entity or individual who does not have a legitimate need to know without the prior, written consent of the Secretary of the Personnel Cabinet.
- I understand that some information that I access as an Authorized Agency User may be considered not only confidential but also Protected Health Information (PHI) subject to the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Additionally, I understand some levels of access to KHRIS require Personnel Cabinet sponsored HIPAA training before access is granted. This training shall be renewed periodically.
- Any User that improperly discloses, intentionally misuses or inappropriately transfers any confidential information, may be subject to disciplinary action up to and including dismissal, pursuant to KRS 18A.101 KAR 1:345, 101 KAR 3:050, or other applicable state and federal law. Any User who violates the terms of this Agreement may also be exposed to additional civil and/or criminal charges.

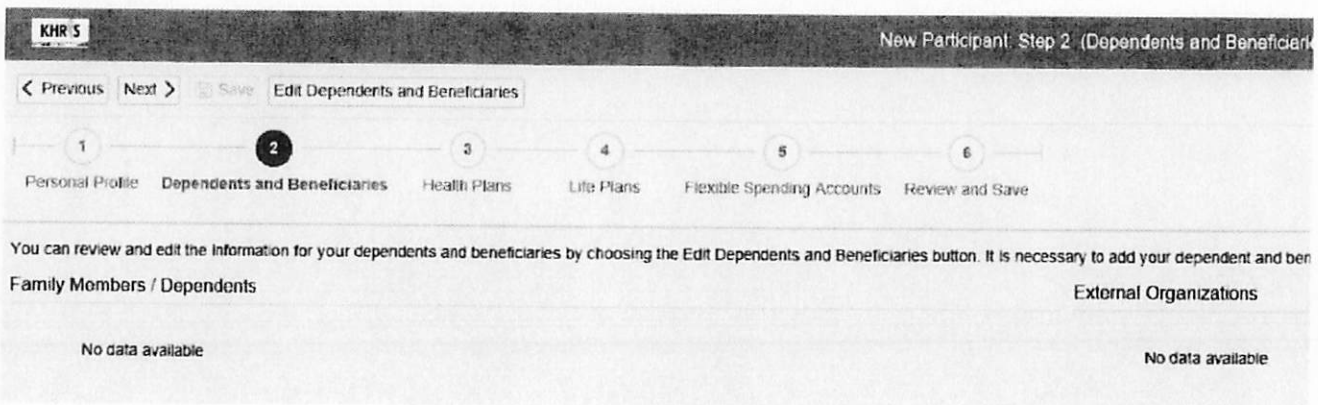
I understand I shall notify my Agency Security Contact of any actual or suspected data security breach as soon as possible. The Agency Security Contact is responsible for immediately notifying the Personnel Cabinet. I further understand and agree nothing contained in this Agreement shall be construed as granting any property rights, by license or otherwise, to any confidential information.

By clicking "I have read and understand" above, I acknowledge it is my responsibility to comply with the terms of this Agreement, which I have read and accepted these conditions as stated herein and within KHRIS documentation. I further acknowledge this action serves in my signature attesting I agree to maintain the confidentiality of all information obtained at all times, including if and when I am no longer an employee of the Commonwealth.

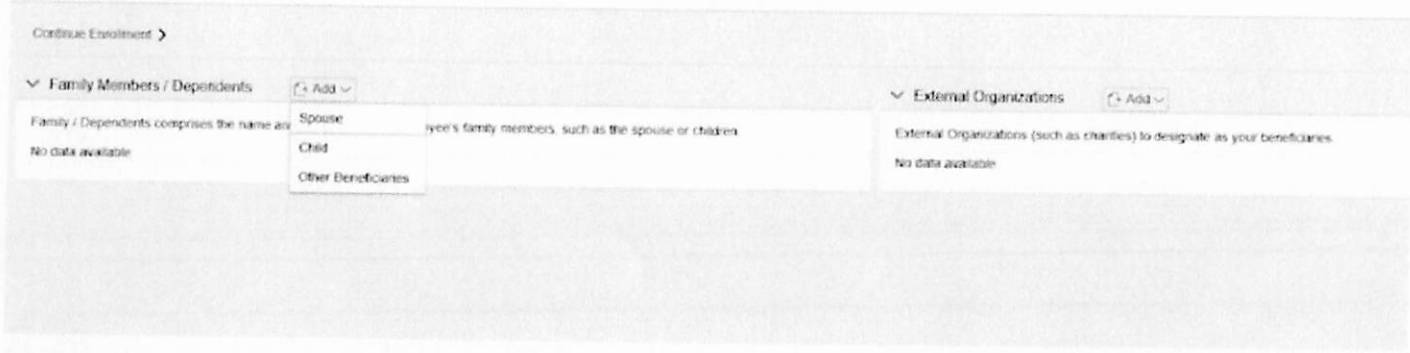

New Participant
KEHP Tobacco Use Declaration
The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As a part of KEHP's LivingWell wellness program, KEHP offers a monthly discount in premium contribution rates for non-tobacco users. You are eligible for the non-tobacco-user premium contribution rates provided you certify, during the health insurance enrollment process, that you or any other person over the age of 18 to be covered under your plan has not regularly used tobacco within the past six months. "Regularly" means tobacco has been used four or more times per week on average excluding religious or ceremonial uses. "Tobacco" means all tobacco products including but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products regardless of the method of use.
TOBACCO USE INFORMATION
Within the past six months, have you, or a spouse or dependent to be covered under your health insurance plan, used tobacco regularly?
YES, I do use tobacco
NO, I do not use tobacco
*You must answer YES or NO then click 'Save and Continue' to enter Open Enrollment.
Save and Continue



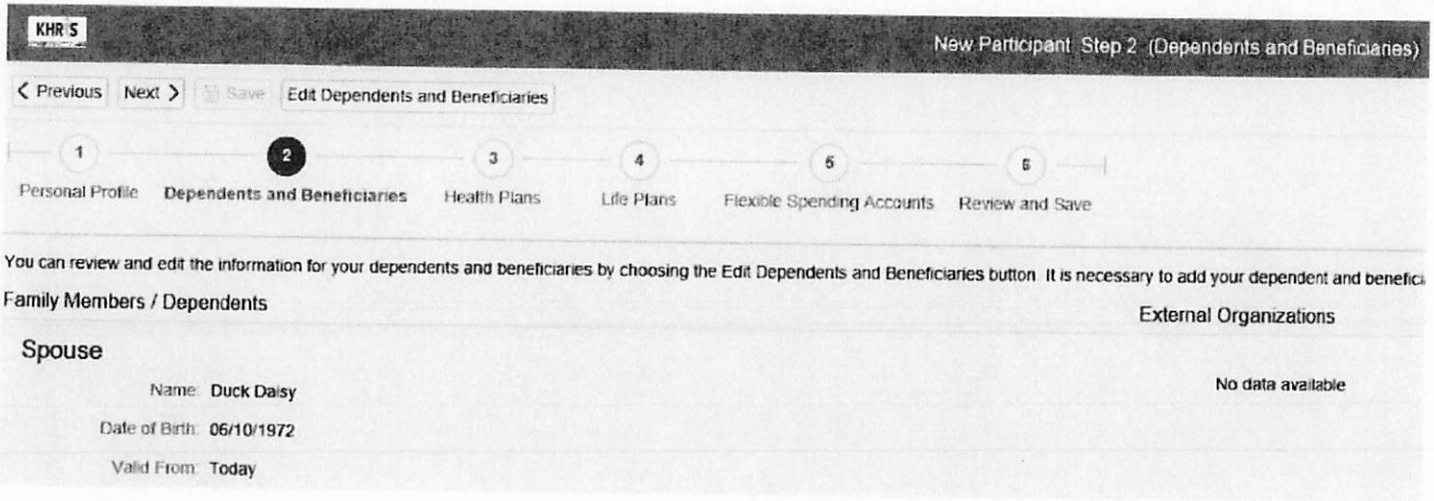
This is your basic demographic information that your insurance coordinator entered into KHRIS when you were hired. You may update your address, phone number and email by clicking the Edit Personal Profile button.

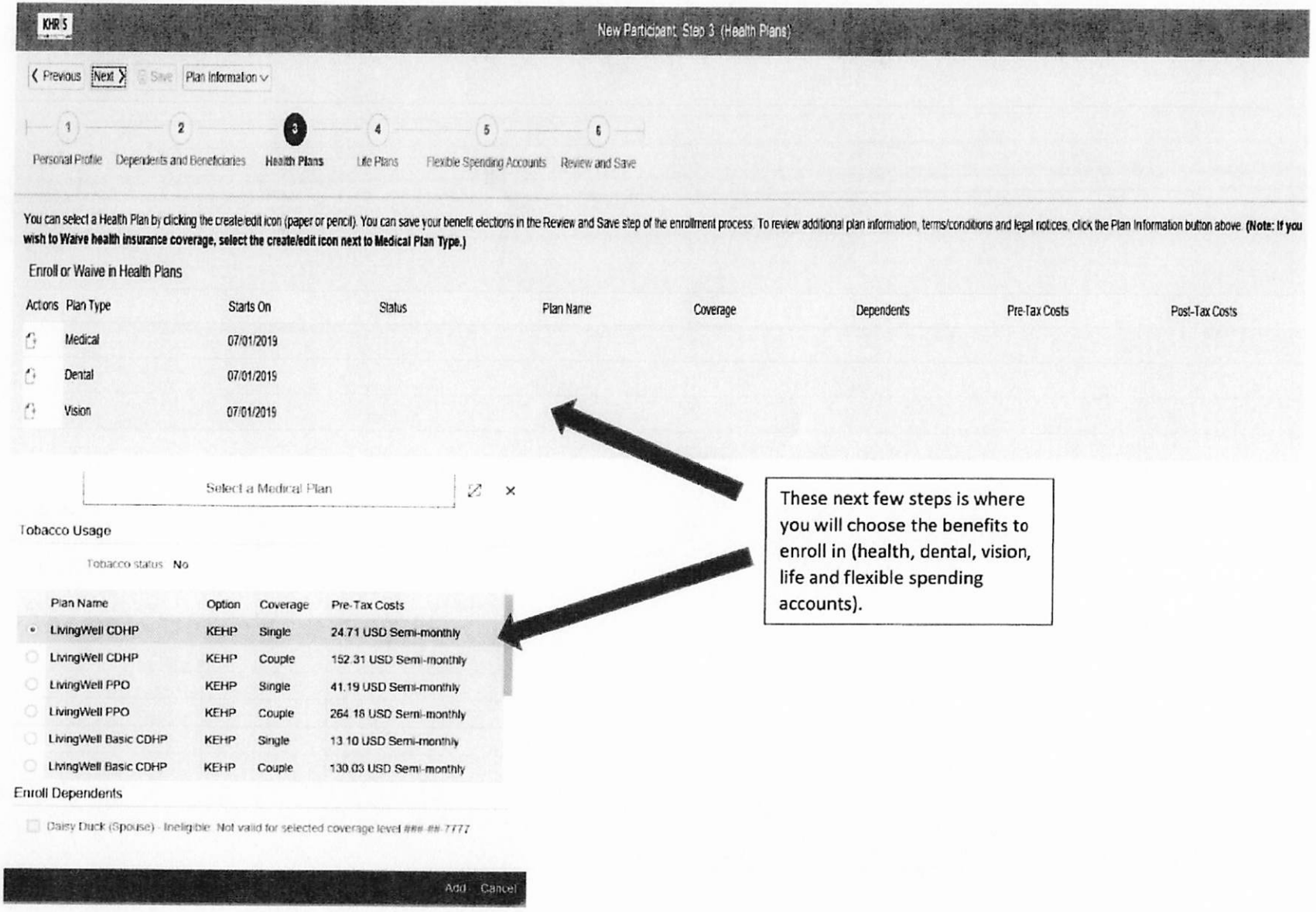


This is the step you will add dependents and beneficiaries. You may enter a spouse or eligible dependent children by clicking the Edit Dependents and Beneficiaries button. If desired, later in the enrollment process, you may attach them to your benefits and designate life insurance beneficiaries.


Continue Enrollment
Family Members / Dependents
Add
Spouse
Child
Other Beneficiaries
yee's family members, such as the spouse or children
No data available
External Organizations
Add
External Organizations (such as charities) to designate as your beneficiaries
No data available

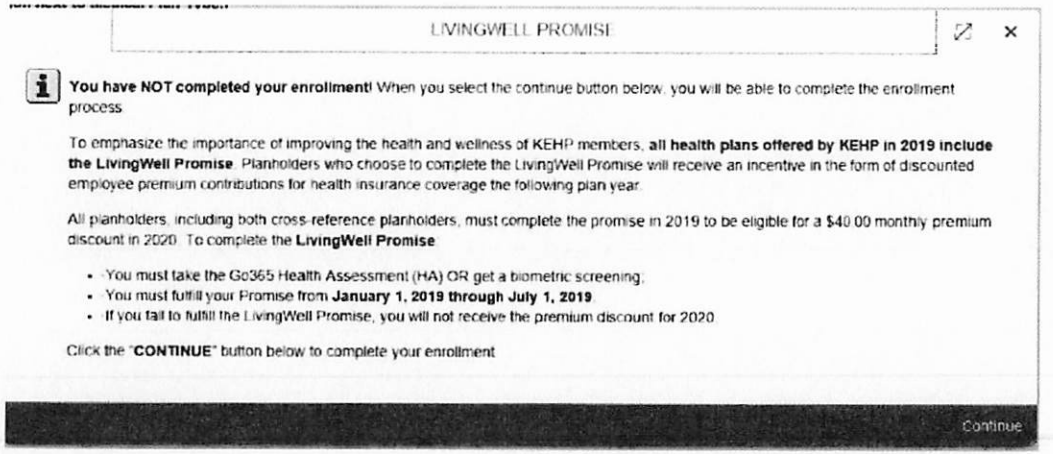

Save and Back
Cancel
Name
* First Name: Daisy
* Last Name: Duck
Middle Initial
Data At Birth
* Date Of Birth: 06/10/1972
Gender: Female
Male
Undeclared
Address
House Number And Street
Address Line 2
City
State
ZIP Code
Telephone
Other Personal Data
* Social Security Number: 123456789


KHR S
New Participant: Step 2 (Dependents and Beneficiaries)
Previous
Next
Save
Edit Dependents and Beneficiaries
1 Personal Profile
2 Dependents and Beneficiaries
3 Health Plans
4 Life Plans
5 Flexible Spending Accounts
6 Review and Save
You can review and edit the information for your dependents and beneficiaries by choosing the Edit Dependents and Beneficiaries button. It is necessary to add your dependent and benefici
Family Members / Dependents
Spouse
Name: Duck Daisy
Date of Birth: 06/10/1972
Valid From: Today
External Organizations
No data available

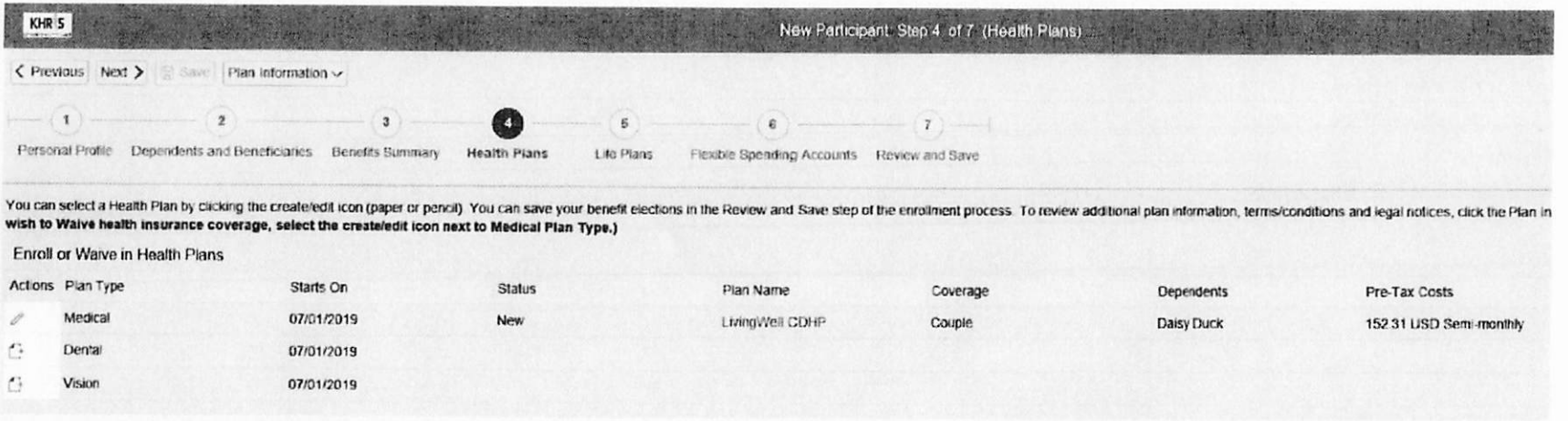


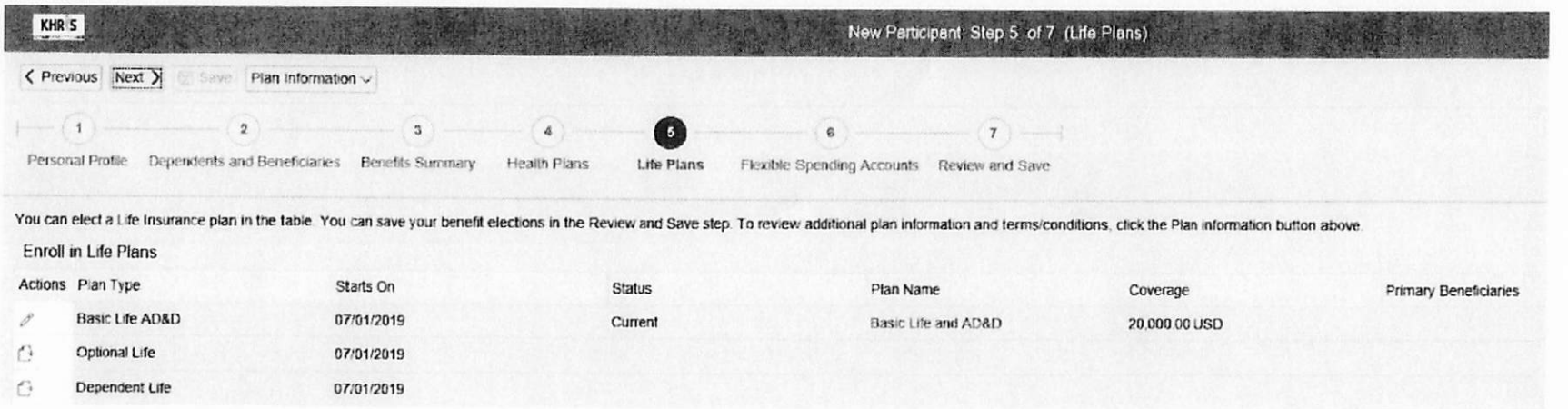
These next few steps is where you will choose the benefits to enroll in (health, dental, vision, life and flexible spending accounts).

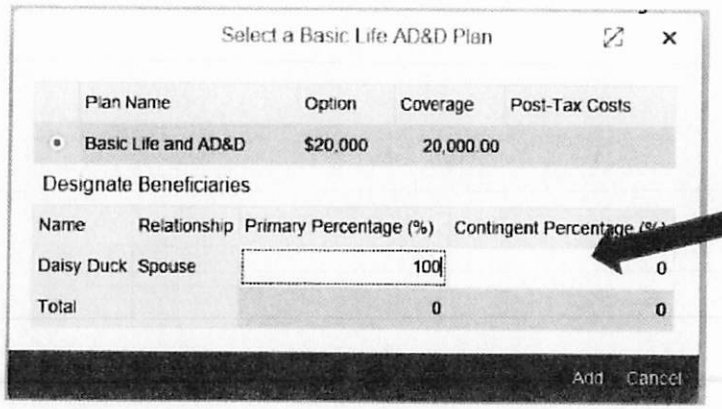




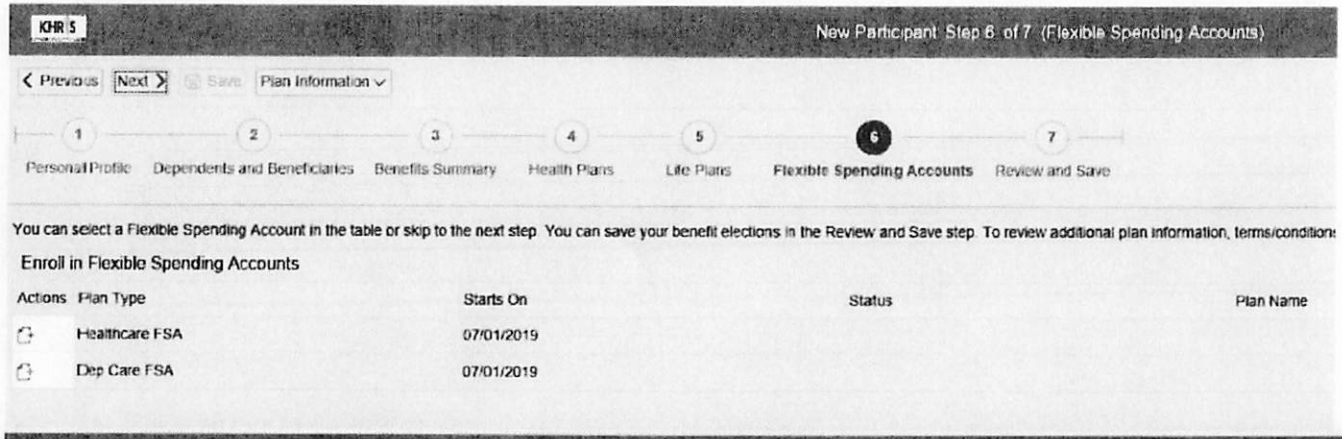
All health plans require the completion of the LivingWell Promise.

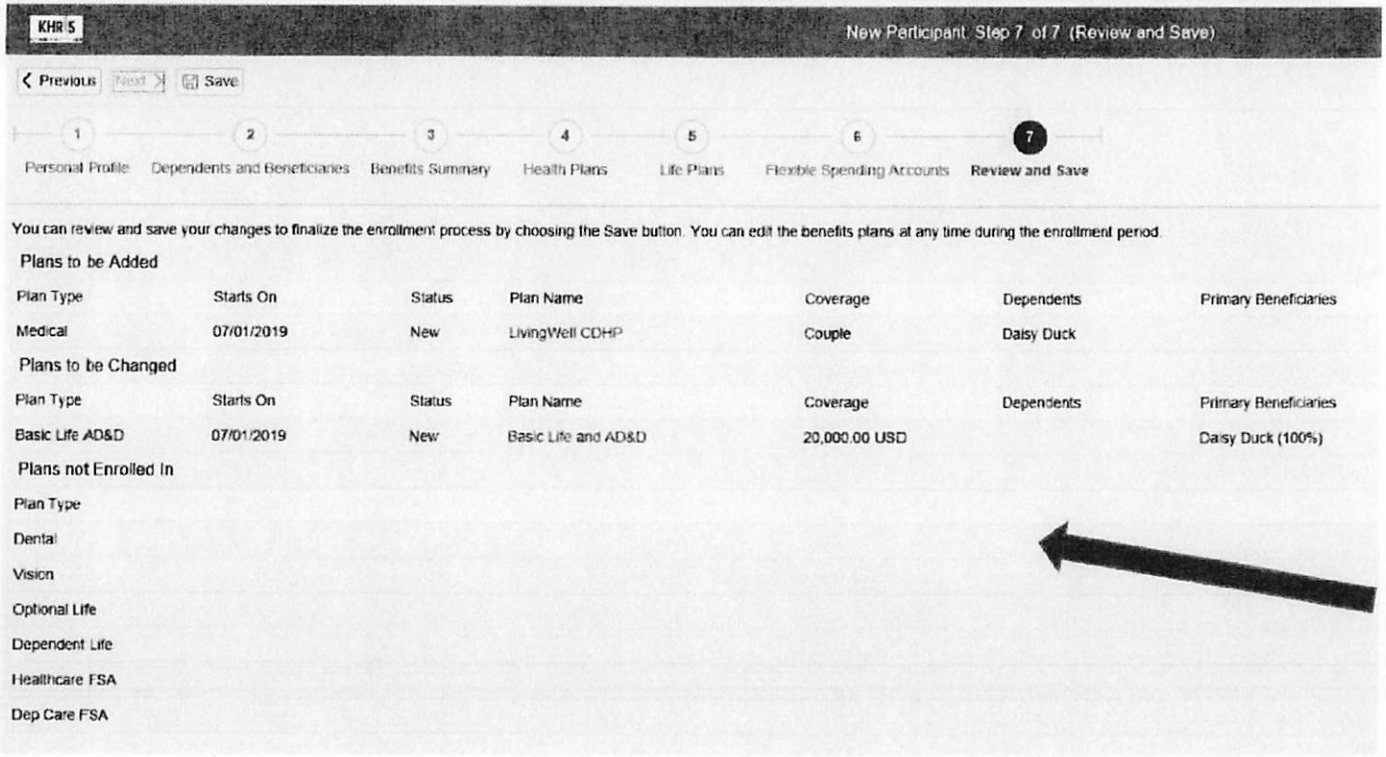




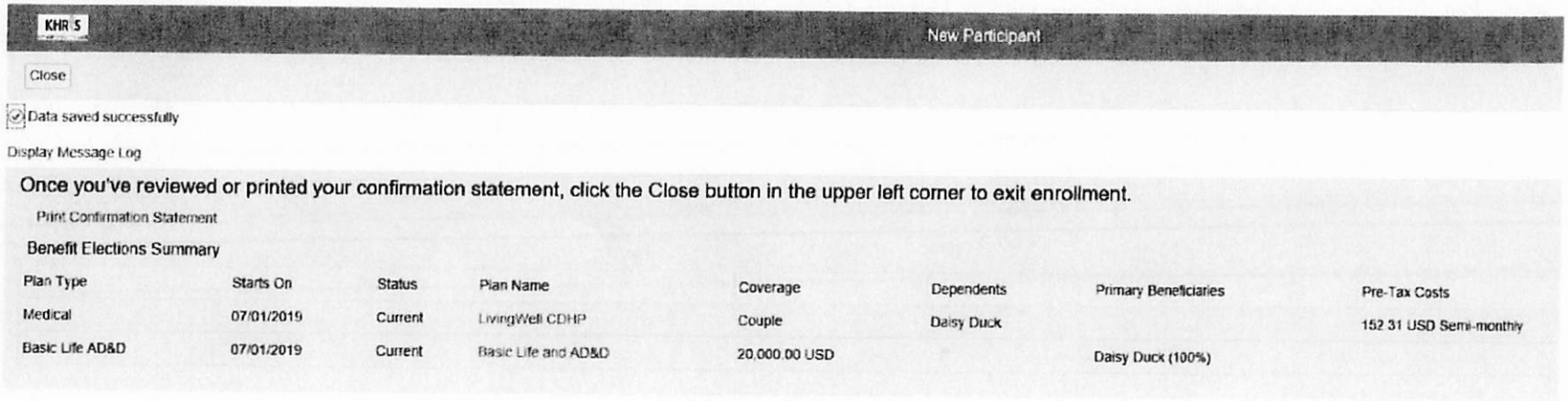


It is very important to designate a beneficiary for your life insurance. Remember the $20,000 basic coverage is FREE to you.





This page is a summary of all of the benefit elections you enrolled in and the ones you did not enroll in. You may click Save to keep your elections or the previous button to make changes.



This final page reflects your enrollment has been successfully saved. You are strongly encouraged to print your confirmation statement or save a .pdf. You can now click the Close button.