



# 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: