Kentucky Employees' Health Plan Department of Employee Insurance KPPA 800-928-4646 TRS 800-618-1687 LRP/JRP 502-564-5310



Kentucky Employees' Health Plan



Plan Year 2023 RETIREE HEALTH INSURANCE

	ed by insurance Co	URANCE ENROLL ordinator		TOL TORIV	Revised 09/2
KHRIS Personnel Number	Hazardous Duty	Date of Retirement	0		
		- and of requestion	Qualifying	Event Date	Coverage Effective Dat
KPPA TR	3 _K(CTCRS I IDE		1	
80000 10006416 850	00 10006418 81	000		LRP	KPPA RTW
KPPA Only: KP	PA-KERS		00 10006419	87000 100	06420 80100 1000646
Reason(s) for Application:	Qualifying Event:	CERS - Oth.Ag		KPPA-SPF	RS
☐ Open Enrollment	☐ Marriage				Termination:
☐ New Retiree	☐ Birth/Adoption/Pla	☐ Begi	n Medicare/Med	icaid	
☐ Returning Retiree	Court Order for Ch	□ End	Medicare/Medic	aid	Coverage End Da
Applicant becomes the PH	Sine PH II Thivores L 2003 of NCTIP				
☐ Qualifying Event ☐ Exception	Death - Date: Death - Date: Spouse/Dependent Starting Employment 9/23/2 Loss of Individual Health Spouse/Dependent Terminating Employment				
☐ Demographic Change	Loss of Individual I	Health Spot	ise/Dependent I	erminating Emp	oloyment
☐ Termination	Loss of Group Hea	lth ☐ Other	iai Enrollment		
	☐ Spouse turned 65				
Section 2: Demographic In	formation Change				
Section 2: Demographic In	ormation - Changes	s or Current (Circle on	e)		
401 07 3/22	Ret	iree's Name (Last, First,	MI)	7 -	:
1-100 0400			.,,,	1 RE	etiree's Date of Birth
Applicant's SSN		HOWERA 11'		(15/1	96/)963
Applicant's 55N	Applicant's Name	(Last, First, MI) If plan ho	older is not the Potic	Λη-	line II Di
400139057	HOWAR	A LOOL	the not the Reth	App	licant's Date of Birth
Mailing Ad	drace	L, LURI E		112	11103
		Primary P	none #	S	econdary Phone #
	reek Lone	1057:53%	0000	000	400
City, State, ZIP		Home County	. 0000		101-0120
Exington 11/4	ACK E	The same of the sa		Home Email /	Address
	00/2	161K 10	rieisont		atalons I h.
*Required information	lale Female		A DOT IN	10 WW CO	
*Required information for proceedings of the control of the contro	ocessing. Are you Me	edicare eligible due to So	noial Casuit	named:	Yes No
ection 3: Spouse Informati	on - Skip to Section	5 if electing almost	ocial Security of	isability?	Yes No
ection 3: Spouse Informati	Snousa's Nam	e (Last, First, MI)	verage - Chan	ges or Curre	nt (Circle one)
0013 9057	I- 1. Ja - 7 D	e (Last, First, MI)	Date of Birth	(mm/dd/yyyy	Sex
*Poguired inf	HOWARD	LORIE	1 7 / 1	1102	500 P
regarded information for ne	COCCON L- D		Casial C	140	☐ Male
Required information for production of the Required Information	eference payment on	tion (two KEHD	Social Security	disability?	Yes No
PA Only:	(PPA-KEDS	THE THE THE THE THE TIPE	s, married with	children - no	LRP or JRP)
				KPPA-SPRS	
6122/23	5	oouse's Organizational L	Jnit #	Spous	se's Company #
					oc s Company #
Spouse's Hon	ne Email Address	T		WINDS	TREAT
UPICISOHDWAY	all haden	ailer	Spouse	Work Email A	Address
ction 4: Dependent Inform	otion ***D	W11. (0/1)	N	IA	
anges or Current (Circle o	Required info	mation for processing:	If yes, who?	, , ,	
o witout (officie o	Social Sequente	ents Medicare eligible due	to o		
	Social Security dame (Last, First, MI)	isability? Tes No			
Child #1 SSN			Foster	Dota of Dist	Male Add
NY - 51-	arrie (Last, First, MI)	M Natural	i ustei		11 1000
n4-51-	RD, EVELYA	Adopted	Step	Date of Birth	I I Wale
07-51- 8626 HOWA	RA, EVELYA	Adopted Court Ordered	Step	10/7/9	Female Drop
07-51- 8626 HOWA Child #2 SSN N	AD, EVELYA ame (Last, First, MI)	Adopted	Step Disabled	10/7/9	Female Drop
07-51- 8626 HOWA Child #2 SSN N	AD, EVELYA ame (Last, First, MI)	Adopted Court Ordered Natural Adopted	Step Disabled Foster Step	1011	Female Drop Remain
07-51- 8626 HOWA Child #2 SSN N 07-51- 16637 HOWA	RP, EVELYA ame (Last, First, MI) RD, SARA	Adopted Court Ordered Natural	Step Disabled Foster Step	Date of Birth	Female Drop Remain Male Drop
07-51- 8626 HOWA Child #2 SSN N 07-51- 1627 HOWA	AD, EVELYA ame (Last, First, MI)	Adopted Court Ordered Natural Adopted Court Ordered	Step Disabled Foster Step Disabled Disabled	10/7/9* Date of Birth	Female Drop Remain
07-51- 8626 HOWA Child #2 SSN N 07-51- 1627 HOWA	RP, EVELYA ame (Last, First, MI) RD, SARA	Adopted Court Ordered Natural Adopted Court Ordered Court Ordered Natural	Step Disabled Foster Step Disabled Foster Foster	Date of Birth	Female Drop Remain Male Drop Remain
07-51- 8626 HOWA Child #2 SSN N 07-51- 2627 HOWA Child #3 SSN N	RP, EVELYA ame (Last, First, MI) RD, SARA ame (Last, First, MI)	Adopted Court Ordered Natural Adopted Court Ordered Natural Adopted Adopted Adopted Adopted Adopted	Step Disabled Foster Disabled Foster Step Step Step Step	10/7/9* Date of Birth	Female Drop Remain Male Drop Remain Male Remain
07-51- 8626 HOWA Child #2 SSN N 07-51- 2627 HOWA Child #3 SSN N	RP, EVELYA ame (Last, First, MI) RD, SARA	Adopted Court Ordered Adopted Court Ordered Court Ordered Natural Adopted Adopted Court Ordered Court Ordered Court Ordered	Step Disabled Foster Disabled Foster Step Disabled Disabled Disabled	Date of Birth O/7/97 Date of Birth	Female Drop Remain Male Drop Remain Male Drop Remain
07-51- 8626 HOWA Child #2 SSN N 07-51- 1627 HOWA Child #3 SSN N	RP, EVELYA ame (Last, First, MI) RD, SARA ame (Last, First, MI)	Adopted Court Ordered Adopted Court Ordered Court Ordered Natural Adopted Court Ordered Court Ordered Natural Natural Natural	Step Disabled Foster Disabled Foster Step Disabled Foster Step Disabled Foster Foster Foster Foster	Date of Birth O/7/97 Date of Birth	Female Drop Remain Male Drop Remain Male Remain Male Drop Remain Male Drop Remain
07-51- 8626 HOWA Child #2 SSN N 07-51- 2627 HOWA Child #3 SSN N	AP, EVELYA ame (Last, First, MI) APA SARA ame (Last, First, MI)	Adopted Court Ordered Adopted Court Ordered Court Ordered Natural Adopted Court Ordered Court Ordered Natural Adopted Adopted Adopted	Step Disabled Foster	10/7/9* Date of Birth	Female Drop Remain Male Drop Remain Male Add Drop Remain

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