



Plan Year 2023 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE FORM

Form 6200
 Revised 09/22

Section 1: To Be Completed by Insurance Coordinator

KHRIS Personnel Number	Hazardous Duty <input type="checkbox"/>	Date of Retirement	Qualifying Event Date	Coverage Effective Date
<input type="checkbox"/> KPPA 80000 10006416	<input type="checkbox"/> TRS 85000 10006418	<input type="checkbox"/> KCTCRS 81000 10006417	<input type="checkbox"/> JRP 86000 10006419	<input type="checkbox"/> LRP 87000 10006420
<input type="checkbox"/> KPPA RTW 80100 10006464		<input type="checkbox"/> KPPA-SPRS		
Reason(s) for Application:		Qualifying Event:		Termination:
<input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Retiree <input type="checkbox"/> Returning Retiree <input type="checkbox"/> Applicant becomes the PH <input type="checkbox"/> Qualifying Event <input type="checkbox"/> Exception <input type="checkbox"/> Demographic Change <input type="checkbox"/> Termination		<input type="checkbox"/> Marriage <input type="checkbox"/> Birth/Adoption/Placement <input type="checkbox"/> Court Order for Child <input type="checkbox"/> Divorce <input type="checkbox"/> Death - Date: <input checked="" type="checkbox"/> Loss of Individual Health <input type="checkbox"/> Loss of Group Health <input type="checkbox"/> Spouse turned 65		<input type="checkbox"/> Begin Medicare/Medicaid <input type="checkbox"/> End Medicare/Medicaid <input type="checkbox"/> Loss of KCHIP <input type="checkbox"/> Spouse/Dependent Starting Employment <input type="checkbox"/> Spouse/Dependent Terminating Employment <input type="checkbox"/> Special Enrollment <input type="checkbox"/> Other:
				Coverage End Date 4/23/2023

Section 2: Demographic Information - Changes or Current (Circle one)

Retiree's SSN 407 02 3438	Retiree's Name (Last, First, MI) Dennis G. Howard II	Retiree's Date of Birth 03/06/1943
Applicant's SSN 400139057	Applicant's Name (Last, First, MI) If plan holder is not the Retiree HOWARD, LORI E	Applicant's Date of Birth 12/1/63
Mailing Address 747 Emmett Creek Lane	Primary Phone # 859.536.0000	Secondary Phone # 859.407.0120
City, State, ZIP Lexington KY 40515	Home County Fayette	Home Email Address lorieisohoward@hotmail.com
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Married: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Section 3: Spouse Information - Skip to Section 5 if electing single coverage - Changes or Current (Circle one)

Spouse's SSN 400139057	Spouse's Name (Last, First, MI) HOWARD, LORI E	Date of Birth (mm/dd/yyyy) 12/1/63	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
***Required information for processing. Is Spouse Medicare eligible due to Social Security disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> I wish to utilize the Cross-reference payment option (two KEHP members, married with children - no LRP or JRP).			
Spouse's Date of Hire/Retirement 6/22/23	Spouse's Organizational Unit #	Spouse's Company # WINDSTREAM	
Spouse's Home Email Address lorieisohoward@hotmail.com		Spouse Work Email Address N/A	

Section 4: Dependent Information Changes or Current (Circle one)

***Required information for processing: Are any dependents Medicare eligible due to Social Security disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, who?	
Child #1 SSN 407-51-8626	Name (Last, First, MI) HOWARD, EVELYN C	<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster Step <input type="checkbox"/> Disabled Date of Birth: 10/7/97 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Add <input checked="" type="checkbox"/> Drop <input checked="" type="checkbox"/> Remain
Child #2 SSN 407-51-8627	Name (Last, First, MI) HOWARD, SARA M	<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster Step <input type="checkbox"/> Disabled Date of Birth: 10/7/97 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Add <input checked="" type="checkbox"/> Drop <input checked="" type="checkbox"/> Remain
Child #3 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster Step <input type="checkbox"/> Disabled Date of Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain
Child #4 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster Step <input type="checkbox"/> Disabled Date of Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain