



Commonwealth of Kentucky
Personnel Cabinet
Department of Employee Insurance
2nd Floor, State Office Building
501 High Street
Frankfort, Kentucky 40601

Website kehpn.ky.gov

February 15, 2016

NAME
ADDRESS

RE: 2016 Open Enrollment Election

Dear NAME:

This notice is to advise you that during Open Enrollment for plan year 2016 (October 2015), you enrolled in a Waiver Dental/Vision Only Health Reimbursement Arrangement (HRA). This election is different from your 2015 election, which was the Waiver General Purpose HRA (with employer funding \$2,100 annually for medical, dental, and vision expenses).

If you inadvertently selected the incorrect option, we want to provide you an opportunity to change your Open Enrollment election.

If you are eligible and wish to have the Waiver General Purpose HRA for 2016 as you did in 2015, you **must complete the enclosed 2016 Health Insurance Application and submit the application to our office by March 4, 2016**. The application must arrive at the Department of Employee Insurance before the deadline. Applications received after the deadline will not be processed. You can mail the application to the address above or fax it to 502-564-5278.

If you submit an application to change your HRA election, the change will be effective beginning March 1, 2016.

If you have any questions, please contact the Department of Employee Insurance at 888-581-8834.



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