



501 High St, 2nd floor  
Frankfort, KY 40601

# Kentucky Employees' Health Plan Grievance Committee Submission Form

## Enrollment and Eligibility Grievances Only

An employee who is dissatisfied with a decision regarding enrollment or disenrollment (Qualifying Events) in the Plan, may file a grievance to the Department of Employee Insurance Grievance Committee.

### **All Grievance submissions MUST include a Health Insurance Application.**

Print clearly. You may attached additional information and any relevant documentation.

Name	<input type="text"/>	Agency/Employer	<input type="text"/>
SSN	<input type="text"/>	Phone Number	<input type="text"/>
Date	<input type="text"/>	Email Address	<input type="text"/>

Please explain the issue(s) disputed by you in detail below and include a statement of the resolution requested by you. You may attach additional sheets.

Mail completed form, application and documenation to KEHP Grievance Committee, 501 High Street, 2nd Floor, Frankfort, KY 40601 or fax to 502-564-5278. This Grievance Committee does not review medical claims. A grievance for a medical claim must be filed with Humana.