

State Employee Health Plan Employee Advisory Application

Name:	
Email Address:	
State Agency:	
Job Title:	
State Agency Address:	
County of Residence:	
County of Work	
Length of State Service	

Demographic Information – Circle answers:

Gender: Female Male
 Age band: 20-29 30-39 40-49 50-59 60+

2014 SEHP Coverage – Circle answers:

Plan A: BCBS Coventry UHC
 Plan B: BCBS Coventry UHC
 Plan C BCBS Coventry UHC

2015 SEHP Coverage Elected:

Plan A: Aetna BCBS
 Plan C: Aetna BCBS

2015 Coverage Level: Single Member & Spouse Member & Children Family

Essay portion: Explain why you are interested in serving on the SEHP Employee Advisory Committee?

 Employee's Signature

 Signature of Employee's Supervisor
 or Human Resource office
 Authorizing Participation, if selected

Return to: Jennifer Flory, SEHP, 900 SW Jackson Rm. 900-n, Topeka, KS 66612-1251
 Emails to: benefits@kdheks.gov