



**STATE EMPLOYEE HEALTH PLAN (SEHP)
Request for Waiver of Thirty Day Waiting Period**

Appendix E

This form and any attachments are used to document compliance with the Kansas Administrative Regulation 108-1-1 (c) (active employees), 108-1-3 (c) (school districts), or 108-1-4 (c) (local units of government) that is applicable. This form must be submitted to the SEHP Membership Services within 30 days of the potential employee's date of hire.

Section 1: Potential New Employee Information			
Name	Title of Position to be Filled	Social Security Number	Anticipated Hire Date
Past Employment Information			
Name of Former Employer	Mailing Address of Former Employer <small>Please include the City, State, and Zip</small>	Phone Number <small>Including Area Code</small>	Name and Title of Contact Person

Were you covered under a group health insurance plan through your former employer? Yes No

If yes, are you entitled to any type of continuation of health insurance coverage through that employer? Yes No

Are you eligible to be covered by another health insurance plan (spouse, other employment or association, etc)? Yes No

I hereby certify that the above information that I have provided is true and correct.

Signature of Potential New Employee	Date
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Section 2: To be completed by the Agency Head or Designee and submitted to SEHP Membership Services within 30 days of the date of hire:

The Agency Head or designee hereby requests a waiver of the 30-day waiting period for SEHP coverage for the potential new employee (name) _____.

I hereby certify that the potential employee listed in the above section:

1. Is not entitled to any type of continuation of health benefits available from prior coverage: Yes No
2. Is not covered by, or is not eligible to be covered by another health insurance plan: Yes No
3. Health Insurance coverage is required for the potential employee to obtain permission to enter into and work in the US: Yes No

Section 3: Please describe the action taken to verify that the information above is correct:

Agency Head or Designee's Signature	Date
Agency or Non-State Entity Name/Number	Agency Head or Designee's Phone Number