Kansas Department of Health and Environment
Division of Health Care Finance

STATE EMPLOYEE HEALTH PLAN (SEHP)
TEFRA (TAX EQUITY AND FISCAL RESPONSIBILITY) FORM

PLEASE READ CAREFULLY

The Tax Equity and Fiscal Responsibility Act of 1982 and Public Law 99-272 (TEFRA) requires those active employees and their spouses, age 65 and older to select either Medicare or the group's private health coverage as primary.

THIS TOP PORTION MUST BE COMPLETED IN ALL INSTANCES

	AGENCY / GROUP	NAME (LAST, FIRST MI)	EMPLOYEE ID# / SSN	GENDER	DATE OF BIRTH MM/DD/YY
MEMBER				☐ M ☐ F	
SPOUSE (IF COVERED)				☐ M ☐ F	

1) To be completed by the Member:

I select the following coverage as primary:

- □ State Employee Health Plan
  or
- □ Medicare (Note: If Medicare is selected as primary, you will be removed from the State Employee Health Plan effective the 1st of the month in which you become eligible for Medicare.)

Member's Signature	Date

2) To be completed by the Member's Spouse:

I select the following coverage as primary:

- □ State Employee Health Plan
  or
- □ Medicare (Note: If you select Medicare as primary, you will be removed from the State Employee Health Plan effective the 1st of the month in which you become eligible for Medicare.)

Spouse's Signature	Date

Note: If you select the State Employee Health Plan, the coverage will be the same as if you were an active employee under age 65 in the group.