



**STATE EMPLOYEE HEALTH PLAN (SEHP)
Non State Public Employer
Certification Form**

Each year, all non state public employers that contract with the State Employee Health Plan are required to certify the number of employees that are eligible for participation.

Total number of employees annual working 1000 hours or more. (Educational Groups – 630 hours or more):	
Total number of employees enrolled in the medical / drug and dental portion of the State Employee Health Plan. The number of employees should equal 70% or more of the total employees:	
Total number of employees waiving health coverage:	

I certify the above information is a true and accurate reflection of the payroll record.

Name and address of Non State Public Employer	Non State Public Employer Group Number
Name and title of authorized signer (Please print)	
Signature	Date

Please mail this completed form to:

State Employee Health Plan
Attention: Jeanne Kelly
900 SW Jackson St., Rm. 900
Topeka, Kansas 66612