



## KHRIS Security Access Request Form

**Instructions: Complete form and fax to Jessie Drury at 502-564-5278.**

Company/Organization Name:	Company Number:
KHRIS Organizational Unit Number (Org. Unit):	Business Partner Number:
Requestor's Name and Title ( <i>IC or BL's manager</i> ):	Requestor's Signature:
Non-Commonwealth Paid IC/BL: <input type="checkbox"/> yes <input type="checkbox"/> no	Kentucky Group Life Only: <input type="checkbox"/> yes <input type="checkbox"/> no

*Please indicate role(s) for person below:*

**NCP IC Benefits Administrator role (Insurance Coordinator with full access):**

(Primary Contact  yes or  no    Secondary contact  yes or  no)

**Billing Liaison**

(Primary Contact  yes or  no    Secondary contact  yes or  no)

Is the employee eligible for Health Insurance Benefits?  Yes  No

**\*\*\* If yes, the employee must complete the KEHP Active Enrollment Application**

**Grant access to: (Information below will be used for Communications with IC/BL)**

Name:	SSN:
Personnel Number:	KHRIS User ID:
Work Phone Number:	Work Fax Number:
Work E-mail Address:	IC Work Address:
Access Start Date:	

**Does this person replace someone in your agency?**  Yes  No

*If Yes, please provide the following:*

Name:	SSN, KHRIS ID or Personnel Number:
Access End Date:	

**\*\*\*All training must be completed before access is granted.\*\*\***

**To be completed by DEI staff**

Verify training completion <input type="checkbox"/> Date:	Request sent to ACB <input type="checkbox"/> Date:
Ticket closed <input type="checkbox"/> Date:	Sent to Training Team <input type="checkbox"/> Date: