



# Kentucky Employees' Health Plan LivingWell Promise Grievance Submission Form

501 High St, 2nd floor  
Frankfort, KY 40601

## This form is for LivingWell Promise Grievances Only

Print clearly. You may attach additional information and any relevant documentation.

Name	<input type="text"/>	Agency/Employer	<input type="text"/>
SSN	<input type="text"/>	Your Phone Number	<input type="text"/>
Date	<input type="text"/>	Email Address	<input type="text"/>

Please explain in detail below, the reason for not completing the LivingWell Promise by the deadline. You may attach additional sheets.

Mail completed form and documentation to KEHP LW Promise Grievance Committee, 501 High Street, 2nd Floor, Frankfort, KY 40601 or fax to 502-564-1085.