



Retro Cap Override Form



SECTION 1: To Be Completed by Override Requestor		
KHRIS Personnel Number	Company Name	Company #
Employee SSN#	Name (Last, First, MI)	
What type of change is requested (e.g. termination, demographic data change*, plan change):		
Why was the change requested outside the 90-Day Date Cap?		
Requestor	Date	Signature of Requestor
*Demographic changes and plan retriggers without a plan change will all be automatically approved & processed.		

SECTION 2: To Be complete by DEI and/or KGLI		
DEI		
<input type="checkbox"/> Confirm change meets all requirements for rescission, COBRA and plan eligibility? _____		
<input type="checkbox"/> Change Approved or Denied (circle one) Approver Initials _____		
KGLI		
<input type="checkbox"/> Confirm change meets all eligibility and regulatory requirements? _____		
<input type="checkbox"/> Change Approved or Denied (circle one) Approver Initials _____		
Processed By (Print Name)	Signature of Processor	Date Completed
Comments:		

Mail this form with requestor's signature to DEI and/or KGLI Super User. The Super User will notify the requestor if request is approved or denied. If approved, the requestor will process the requested change.

Note to DEI/KGLI REQUESTORS All actions not originated by the member's agency IC/HRG require that agency IC/HRG to be notified.