



STATE EMPLOYEE HEALTH PLAN (SEHP) Request for Waiver of Thirty Day Waiting Period

This form and any attachments are used to document compliance with the Kansas Administrative Regulation 108-1-1 (c) (SOK active employees), 108-1-3 (c) (NSE school districts), or 108-1-4 (c) (NSE local unites of government) that is applicable. This form must be submitted to the SEHP Membership Services within 30 days of the employee's date of hire.

Section 1: New employee Information				
First Name	Middle Initial	Last Name	Social Security Number	Hire Date

I hereby certify that I am required to have Health Insurance to obtain permission to enter into and work in the United States **Certified:**

I hereby certify that the above information that I have provided is true and correct.

Signature of New Employee	Date

Section 2: To be completed by the Agency Head or Designee and submitted to SEHP Membership Services within 30 days of the date of hire:

The Agency Head or designee hereby requests a waiver of the 30-day waiting period for SEHP coverage for the potential new employee:

First Name	Middle Initial	Last Name

I hereby certify that the employee listed in the above section is required to have Health Insurance coverage to obtain permission to enter into and work in the United States. **Certified:**

Section 3: Please describe the action taken to verify that the information above is correct:

Agency Head or Designee's Signature	Date
Agency or Non State Employer Group Name / Department Number	Agency Head or Designee's Phone Number