Reset

STATE OF KANSAS
Health Plan Communication Form

This form may be used to communicate concerns, suggestions or requests concerning the State of Kansas Health Plan. A HIPAA form may also be required. Send completed form to:

Kansas Health Policy Authority
State Employee Health Plan
Room 900-N – Landon State Office Building
900 SW Jackson Street
Topeka, KS 66612-1251

Name _____ Date _____

Agency Name: _____ Agency #:_____

Health Plan Provider: _____
(BCBS, Coventry or Preferred Health Systems)

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Employee ID # _____ SSN _____

Work Telephone _____ Email: _____

Home Address _____
Street Address City State Zip Code

Are you enrolled on a **pretax** basis or an **after-tax** basis? _____