

**STATE OF KANSAS
Request For Waiver of Sixty Day Waiting Period
Under Employees Health Plan**

A letter from the agency or personnel office requesting waiver of the waiting period should accompany this form. The letter should provide any additional narrative stating why a waiting period waiver is being requested and why the waiting period would pose an obstacle to recruitment.

Prospective Employee's Name: _____

Prospective Employee's Social Security Number: _____

Title of the Position to be filled: _____

Former Employer: _____

Address of former employer: _____
Address City State Zip

Telephone number of former employer: _____

Were you covered under a group health insurance plan through your former employer? Yes No

If yes, are you entitled to continuation of health insurance coverage through that employer? Yes No

List the benefits contact person or officer with your former employer: _____

Telephone number of former employer's contact person: _____

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

Date Signature of Prospective Employee

FOR AGENCY/PERSONNEL OFFICE USE ONLY

What actions, if any, have you taken to verify the information listed above is correct?

Date Signature of Agency or Personnel Office Representative

Agency or Non State Group Number Date Telephone Number