Kentucky Retirement Systems
Perimeter Park West •1260 Louisville Rd. • Frankfort KY 40601-6124
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov

Print Form

Form 6240
Revised 07/2011

Application for Medical Insurance Reimbursement

Applicant Information
Please provide your Member ID or Social Security Number in the Applicant ID box below.

Applicant Name:		Applicant ID:	
Address:	City:	State:	Zip Code:
Is this a new address? ◯ Yes ◯ No	Daytime Phone:		
Are you eligible for Medicare Part A or Part B? ◯Yes ◯No			
If yes, please contact our office immediately at 1-800-928-4646, prompt 2, to discuss your options. You may not need to complete this form.			

Medical Insurance Policy Information: If you have more than one medical insurance policy, complete a separate form for each policy.

Company Name:		Policy Number:	
Company Address:			
City:	State:	Zip Code:	Company Phone:

Please list the individuals covered under this policy:

Name	Social Security Number	Relationship	Date of Birth	Gender

ATTACH COPIES OF PROOF OF INSURANCE POLICY AND PAYMENT.
SEE BACK OF FORM FOR EXAMPLES OF ACCEPTABLE DOCUMENTATION.

I certify that the above information is correct. I understand that I will not be reimbursed for medical insurance premiums for any period during which I was not eligible for participation in the reimbursement plan. I further understand that if I do receive reimbursement for premiums which were not eligible, the Kentucky Retirement Systems may recover those payments from my future retirement allowances. I also understand that the Kentucky Retirement Systems may contact the insurance company or employer directly to verify the coverage and amount of premium.

Applicant Signature: _____ Date: _____

Return to: Kentucky Retirement Systems, Perimeter Park West, 1260 Louisville Road, Frankfort, KY 40601-6124

Kentucky Retirement Systems Medical Insurance Reimbursement Plan

In accordance with the provisions of Kentucky Revised Statute 61.702, the medical insurance reimbursement plan is available to (1) a retired member of the Kentucky Employees Retirement System, County Employees Retirement System or State Police Retirement System, (2) a beneficiary of a retired member of State Police Retirement System, or (3) a beneficiary of a Kentucky Employees Retirement System or County Employees Retirement System hazardous member; if residing in another state in any month the recipient is not eligible for:

- Coverage under the contract for medical insurance for Medicare-eligible individuals maintained by the Board of Trustees;
- In-network benefits through a health maintenance organization or preferred provider organization offered through the state group medical insurance administered by the Commonwealth of Kentucky; or
- Coverage under an indemnity plan offered to and providing the same payments for medical services to retired members residing in Kentucky.

If you are a nonhazardous retiree, you will only be reimbursed the cost of single coverage up to the allowable maximum. An eligible recipient must submit to the retirement office an Application for Medical Insurance Reimbursement (this form) along with additional documents as proof of payment for hospital and medical insurance premiums. If the plan holder is receiving insurance coverage through an employer, refer to Option 1 and complete Form 6241 or provide the documents listed below. If the plan holder is not receiving insurance coverage through an employer, refer to Option 2 and complete Form 6242 or provide the documents listed below.

You must provide proof of eligibility for health insurance dependants. See dependent eligibility rules and verification requirements on the following page.

Option 1 - Form 6241, Employer Certification of Health Insurance for Health Insurance Reimbursement Plan OR the following documents may be submitted:

- A copy of a pay stub if the pay stub clearly shows a deduction for hospital and medical insurance;
- A statement from the eligible recipient's employer listing dates and amounts of premiums deducted from wages and the cost of single coverage;
- If any of the above documentation is not sufficient, KRS may request other documentation which the retirement system determines is sufficient to prove payment for hospital or medical insurance.

Option 2 - Form 6242, Insurance Agent/Company Certification of Health Insurance for Health Insurance Reimbursement Plan OR the following documents may be submitted:

- A copy of the invoice from the insurance company and copy of the receipt for payment;
- A statement from the insurance company listing the cost of single coverage;
- A copy of the invoice from the insurance company and copy of the front and back of the cancelled check made out to the insurance company;
- A copy of a bank statement showing deductions for hospital and medical insurance if the statement clearly indicates payment to a company that provides only hospital and medical insurance;
- A copy of a bank statement showing deductions to an insurance company along with a statement from the insurance company listing dates and amounts of premiums; or
- If any of the above documentation is not sufficient, KRS may request other documentation which the retirement system determines is sufficient to prove payment for hospital or medical insurance.

The retirement office will reimburse eligible recipients once each calendar year quarter. Eligible recipients must submit proof of payment for hospital and medical insurance by the following dates for payment in the following month:

- By April 20, for reimbursement in May;
- By July 20, for reimbursement in August;
- By October 20, for reimbursement in November; or
- By January 20, for reimbursement in February.

The retirement system will not reimburse eligible recipients for any premiums paid in a calendar year if the Application for Medical Insurance Reimbursement and proof of payment for hospital and medical insurance premiums is received in the retirement office after March 20 of the following year. If you have any questions, please call 800-928-4646.

Additional copies of the application can be obtained from the Kentucky Retirement Systems or downloaded from the retirement system website at www.kyret.ky.gov.