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 6242
Revised 07/2011

Insurance Agent/Company
Certification of Health Insurance for Health Insurance Reimbursement Plan

This section to be completed by KRS member.

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Daytime Phone:	Other Phone:		

Kentucky law provides for the reimbursement of hospital and medical insurance premiums for recipients of a retirement allowance who are not eligible for the same level of hospital and medical benefits as recipients living in Kentucky and having the same medical insurance eligibility status. The recipient shall be eligible for reimbursement of substantiated medical insurance premiums for an amount not to exceed the monthly premium determined in KRS 61.702(3). If the recipient is a nonhazardous retiree, the recipient will only be reimbursed the cost of single coverage up to the allowable maximum. The retirement office will reimburse eligible recipients once each calendar year quarter. Pursuant to 105 KAR:1:290 the following information is required to determine the retired member's eligibility for reimbursement under the medical insurance reimbursement plan.

I wish to be reimbursed for my medical insurance premiums. I hereby authorize the release of all pertinent medical insurance information to the Kentucky Retirement Systems for this purpose.

Signature: _____ Date: _____

This rest of this form should be completed by Agent or Authorized Representative of Insurance Company. All questions must be answered in order for this form to be valid.

Policy holder Name:	
Policy holder Social Security Number:	Relation to Retiree:

Medical Insurance Policy Information

Company Name:			Policy Number:
Company Address:			Company Phone:
City:	State:	Zip Code:	Monthly Insurance Premium:

Please list the individuals covered under this policy:

Name	Social Security Number	Relationship	Date of Birth	Effective Date of Coverage	Gender

Insurance Agent/Company Certification of Health Insurance for Health Insurance Reimbursement Plan

Medical Insurance Policy Information *continued*

When are premiums paid? ☐ In Advance ☐ In Arrears

KRS will not reimburse eligible members until the covered period has expired

In accordance with KRS 61.702 (7), the Kentucky Retirement Systems will reimburse eligible recipients on a quarterly basis. If the recipient is a nonhazardous retiree, the recipient will only be reimbursed the cost of single coverage up to the allowable maximum.

Please complete the following payment history for the applicable quarter.

	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Retiree	Date Paid
1st Quarter						
January						
February						
March						
2nd Quarter	**Year**	**Level of Coverage**	**Premium Owed**	**Cost of Single Coverage**	**Amount Paid by Retiree**	**Date Paid**
April						
May						
June						
3rd Quarter	**Year**	**Level of Coverage**	**Premium Owed**	**Cost of Single Coverage**	**Amount Paid by Retiree**	**Date Paid**
July						
August						
September						
4th Quarter	**Year**	**Level of Coverage**	**Premium Owed**	**Cost of Single Coverage**	**Amount Paid by Retiree**	**Date Paid**
October						
November						
December						

Insurance Company/Agency Name: _____

Insurance Company/Agency Address: _____

City: _____ State: _____ Zip Code: _____

I certify that all the information completed on this form is true and accurate. I understand that there is penalty under Kentucky Law (KRS 523.100) for falsification of records.

Position Title: _____ Telephone Number: _____

Signature of Authorized Representative/Agent: _____ Date: _____

Return to: Kentucky Retirement Systems, Perimeter Park West, 1260 Louisville Road, Frankfort, KY 40601-6124
Please call 1-800-928-4646 with questions.