



Kentucky Retirement Systems

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Form 6256
Revised 6/2018

Designation of Spouse and/or Dependent Child for Health Insurance

Complete this form if you are a General Assembly Retiree, Hazardous Duty Retiree, Surviving Spouse Beneficiary receiving General Assembly, Hazardous Duty, or duty related benefits under the Fred Capps Memorial Act and electing to cover a spouse and/or dependent child on health insurance.

If you are a recipient as outlined above, you must complete and submit Form 6256 Designation of Spouse and/or Dependent Child for Health Insurance to the Kentucky Retirement Systems (KRS):

- During the annual open enrollment period prior to January 1 each year.
- Upon your health insurance dependent obtaining 18 years of age.

You are required to notify KRS when your health insurance dependent has a change in marital or full-time student status.

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

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Phone Number:	Is this a new address? <input type="radio"/> Yes <input type="radio"/> No		

Spouse Information If different than member.

Spouse Name:	Social Security Number:	Spouse Date of Birth:	
Address:	City:	State:	Zip Code:

Only dependents who meet the definition of a Dependent Child as defined by KRS 16.505(17) are eligible to receive health insurance contributions. KRS 16.505(17) states "Dependent Child" means a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen (18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). Solely in the case of a member who dies as a direct result of an act in line of duty or who dies as a result of a duty-related injury, "dependent child" also means a naturally or legally adopted disabled child regardless of age, of the member if the child has been determined to be eligible for federal Social Security disability benefits or is being claimed as a qualifying child for tax purposes due to the child's total and permanent disability. **Note: Stepchildren and grandchildren must be legally adopted in order to qualify as dependents per this statute.**

Dependent Information (Age 18-22 Dependent Information Only)

Dependent Name:	Social Security Number:	Dependent Date of Birth:	
Address:	City:	State:	Zip Code:

Relationship to Member: Natural Child Adopted Child

Is this dependent married or has this dependent been married previously? Yes No

Is this dependent age 18 or older? Yes No

Is this dependent a full-time student? Yes No

Dependent Information (Age 18-22 Dependent Information Only)

Dependent Name:	Social Security Number:	Dependent Date of Birth:	
Address:	City:	State:	Zip Code:

Relationship to Member: Natural Child Adopted Child

Is this dependent married or has this dependent been married previously? Yes No

Is this dependent age 18 or older? Yes No

Is this dependent a full-time student? Yes No

