

**STATE OF KANSAS HEALTH PLAN  
HEALTH CARE SELECTION FORM  
READ CAREFULLY**

The Tax Equity and Fiscal Responsibility Act of 1982 and Public Law 99-272 (COBRA) requires those active employees and their spouses, age 65 and older to select either Medicare or the group's private health coverage as primary.

**THIS TOP PORTION MUST BE COMPLETED IN ALL INSTANCES**

	AGENCY/ GROUP	EMPLOYEE ID#/ SSN	NAME LAST, FIRST MI	SEX	DATE OF BIRTH MO/DAY/YR
EMPLOYEE				<input type="checkbox"/> M <input type="checkbox"/> F	
SPOUSE IF COVERED				<input type="checkbox"/> M <input type="checkbox"/> F	

**1) To be completed by Employee:**

I select the following coverage as primary:

- State Health Plan  
or  
 Medicare (Note: If Medicare is selected as primary you will be removed from the State of Kansas Health Plan. You will need to complete a change form --- see your Personnel Officer.)

Signature of Employee: \_\_\_\_\_  
Date: \_\_\_\_\_

**2) To be completed by Spouse:**

I select the following coverage as primary:

- State Health Plan  
or  
 Medicare (Note: If Medicare is selected as primary you will be removed from the State of Kansas Health Plan. You will need to complete a change form --- see your Personnel Officer.)

Signature of Spouse: \_\_\_\_\_  
Date: \_\_\_\_\_

**Note:** If you select the State Health Plan, the coverage will be the same as if you were an active employee under age 65 in the group.