



Energry, INC. RETIREE HEALTHCARE Spouse-Election Form

Name: _____ Employee ID #: _____
Retirement Date: _____ Work Location: _____

BENEFIT ELECTIONS

ELECTION 1: Medical Benefit

_____ My Spouse has a qualifying event that I believe entitles her/him to enroll in my retiree medical plan.
I HAVE ATTACHED TO THIS DOCUMENT EVIDENCE OF THE EVENT THAT ALLOWS MY SPOUSE TO BE ADDED TO THE RETIREE MEDICAL PLAN.

- Qualifying event for adding my spouse to my coverage:

- Those who are Medicare eligible (either the retiree or dependents) must be identified. Of the Contribution Level selected above the following applies:

_____ The following participants are Medicare eligible:

_____ Neither myself nor my family are Medicare eligible at this time

Retiree Signature

Date

Retiree Name (Please Print)

Email

Please return this form to HR@evergy.com within 31 days of the qualifying event.