



## Evergy, 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 understand that in order to receive my spousal HRA contribution from Evergy, spouse must enroll in a medical plan through ViaBenefits. I am also responsible for payment of premiums. I understand that the HRA Contribution, Plan provisions and Plan continuation are subject to change. **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

**OR**

\_\_\_\_\_ I decline the Evergy HRA Contribution.

#### ELECTION 2: Pre-65 Dental Insurance

\_\_\_\_\_ I elect retiree dental coverage. I understand that I am responsible for payment of my portion of the premium, which will be deducted from my pension check. I understand that the premium rate, Plan provisions and Plan continuation are subject to change.

*I elect the following coverage:* \_\_\_\_\_ Single Coverage \_\_\_\_\_ Family Coverage (if applicable)

**OR**

\_\_\_\_\_ I decline the Evergy HRA Contribution.

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Retiree Name (Please Print)

\_\_\_\_\_  
Email

Please return this form to [HR@evergy.com](mailto:HR@evergy.com) within 31 days of the qualifying event.