

Deductible Credit Form



Amounts applied toward your calendar year deductible on your previous medical plan will be credited to your calendar year deductible on your new KPS plan if:

- You are part of a new group plan which has transferred to KPS Health Plans from another plan with no break in coverage,
- This form is submitted within 90 days of the effective date of your new group policy,
- The appropriate documentation is attached, including either a copy of an Explanation of Benefits or a statement from your prior carrier.

If you have any questions, you may call Member Services at 360-478-6796 or 1-800-552-7114. Please mail this form with the attachments to:

KPS Health Plans
Attn: Member Services
P.O. Box 339
Bremerton, WA 98337

Employee Name: _____

KPS ID#: _____

Group Name: _____

	Date of Birth	Medical Deductible Applied
Employee: _____	___ / ___ / ___	\$ _____
Spouse: _____	___ / ___ / ___	\$ _____
Child: _____	___ / ___ / ___	\$ _____
Child: _____	___ / ___ / ___	\$ _____
Child: _____	___ / ___ / ___	\$ _____
Child: _____	___ / ___ / ___	\$ _____

For Office Use Only

Group: _____

Deductible Year: _____

Ind: _____

Ind: _____

Ind: _____

Ind: _____

Ind: _____

Ind: _____

Fam: _____

The information I've provided is true and accurate to the best of my knowledge.

Employee Signature: _____ Dated _____