State Employee Health Plan
Sample - Letter of Intent
*Must be provided on Your Group's Letterhead

Date

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Please accept this letter as notice of (Official name of Group)'s intent to enter into a three-year contract to participate as a Non-State Group in the State Employee Health Plan. We request health coverage for our employees to be effective (Effective Date – e.g., January 1, 2022).

The (Official name of Group) will contribute the required composite rate for both employees and dependents. The composite rate is matched amount that the State of Kansas pays for its employees as well as the cost of administering the program. This amount can fluctuate yearly (July 1-June 30). We will also maintain the 70% membership requirement.

The contact person for our group will be (Name, Title and Email Address). The signer for the contract will be (Name and Title).

The (Group Name) FEIN is _____.

Signature of Person Signing Contract