



**State of Connecticut
Health Enhancement Program (HEP)**

**MILITARY SERVICE EXEMPTION FORM
Non-Compliance Response
CO-1324**

INSTRUCTIONS: This form should be used to claim an exemption from the requirements of the Health Enhancement Program for children who are in active military service. Please complete all sections. **It is your responsibility to submit this form to the address or fax number listed below.**

Office of the State Comptroller
Healthcare Policy & Benefit Services Division
Healthcare Analysis Unit
55 Elm Street
Hartford, CT 06106
Fax Number - 860-702-3556

Member Information (Required and must match exactly with that listed on your Medical/Dental Plan ID card.)

Member Identification Number		Group Number	Employee ID	Dept ID
Employee/Retiree: Last Name		First Name	Middle Initial	Date of Birth (MM/DD/YY)
Non-Compliant Child: Last Name		First Name	Middle Initial	Date of Birth (MM/DD/YY)
Home Address - Number and Street Name		City	State	Zip Code
Telephone		E-mail Address		

CERTIFICATION

Name	Military Branch	Fort/Base Assignment	Date of Enlistment

ACKNOWLEDGEMENT: By signing below, I certify that the information on this form is true and correct and that my enrolled child is unable to comply with the preventative requirements of the Health Enhancement Program due to his active military service.

Signature	Date