



King County

Benefits, Payroll and
Retirement Operations

Healthy IncentivesSM Exception Request Form

Complete and return this form to Benefits, Payroll and Retirement Operations, Attn: Manager, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle, WA 98104-2333.

Employee _____ Birth date _____

Mailing address _____ Apt _____

City _____ State _____ ZIP _____

Daytime phone _____ Evening phone _____

Health IncentivesSM ID _____

Date exception requested _____

Who is the exception for, and what is that person's relationship to you, the employee (self/spouse/domestic partner)?

Name _____ Relationship _____

Reason for exception _____

Please attach additional information, if necessary.

Employee Signature _____ **Date** _____

For Office Use Only

Exception approved by (print name) _____

Signature _____ Date _____

Exception entered into PeopleSoft by (print name) _____

Signature _____ Date _____

	Date received	Received by	Exception approved Yes <input type="checkbox"/> No <input type="checkbox"/>	Date effective
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