



Agent/kynector Job Aid – Reporting a Change

In this job aid, Please find steps to reporting a change as an individual. In addition, this job aid also includes steps to reporting a change for an individual as an Agent/kynector.

To **report a change as an individual**, please follow the below steps:

- Navigating through kynect
- Making different types of changes, such as reporting a change of address and/or income; or reporting a death, birth and/or divorce.
- Submitting your changes

For instructions on logging onto your Agent/kynector dashboard, please refer to the [Kentucky Online Gateway Quick Reference Guide](#).

Step	Action
1.	From your Agent/kynector dashboard, click Report Change in Circumstances to report your changes.

The screenshot shows the Kynect dashboard interface. At the top, there is a navigation bar with 'My Account', 'Browse Plans', 'Learn More', and 'Get Help'. Below this is a secondary navigation bar with 'Overview', 'Applications', 'Payments', 'Plans & Programs', 'Messages', 'Assisters', and 'Settings'. The main content area is divided into several sections: 'Quick Links' on the left, 'Current Benefits' (No current benefits found), 'Ongoing Applications' (Case Number: 110535942), and 'Request For Information'. A callout box with an orange border points to a green button labeled 'Report Change in Circumstances' located in the 'Ongoing Applications' section. The callout text reads: 'Click Report Change in Circumstances to report your changes.' Below the 'Request For Information' section, there is a table listing required documents.

Type of Proof	Name of Person	Date Needed
US Citizenship	DAVE SOFIA	12/09/2014
Social Security Number	DAVE SOFIA	12/09/2014
APTC Income verification	DAVE SOFIA	12/09/2014

Step	Action
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2. Select the changes you want to make and click **Continue**. Available changes in circumstance include reporting a change of address and/or income; or reporting a death, birth and/or divorce.

Select the corresponding box(es).

Type of Change You Are Reporting *Required field

Please answer the questions as they apply to you or a member of your household. If there has been a major change in your lives, you may be eligible for special enrollment. This allows you to make changes to your healthcare coverage outside of the normal open enrollment period.

Please select all statements that apply to you or someone in your household.

- Household income has recently changed.
- Someone in my household recently lost a job.
- An employer of someone in my household recently stopped providing healthcare coverage.
- Someone in my household lost minimum essential health insurance coverage within the past 90 days.
- There was a recent change in my household size due to someone getting divorced.
- There was a recent change in my household size due to someone moving out of the household.
- There has been a death in my household.
- Someone in my household recently gained a dependent through marriage.
- Someone in my household recently gained a dependent through birth or adoption.
- Someone in my household has recently moved.
- Someone in my household has recently been incarcerated.
- Someone in my household has had a recent divorce.
- Someone in my household will either lose or gain a dependent.
- Someone in my household has a reason to report a change that is not listed in the reasons shown above.

[← Back](#) [Continue](#)

Click **Continue** to go to the next step.

3. Complete the required information and click **Submit**.

Sign & Submit *Required field

Please read this information carefully. Your signature makes this request for eligibility valid. An electronic signature is the same as a written signature. Medicaid, CHIP and Kynect are part of the Cabinet for Health and Family Services (CHFS). By signing below, you agree to the following:

- I am signing this application under penalty of perjury which means I have given true answers to all the questions on this form to the best of my knowledge and belief. I know that I may be subject to penalties under federal and/or state law if I provide false and/or untrue information.
- I know that I must tell Kynect if anything changes from what I entered on this application. I must do this within 90 days of the change. I can visit Kynect.my.gov or call 1-855-4Kynect (439-6332) TTY: 1-855-528-4624 to report any changes. I understand that a change in my information could affect the eligibility for member(s) of my household.
- If I think Kynect has made a mistake, I can appeal its decision. To appeal means to tell someone at Kynect that I think the action is wrong, and ask for a fair review of the action. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.
- I know that under federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/ia.
- I understand that Kynect will check my answers using information in databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or other trusted sources. If my information does not match, I may be asked to send proof.

By entering my name below, I am electronically signing my application.

First Name Last Name

[← Back](#) [Submit](#)

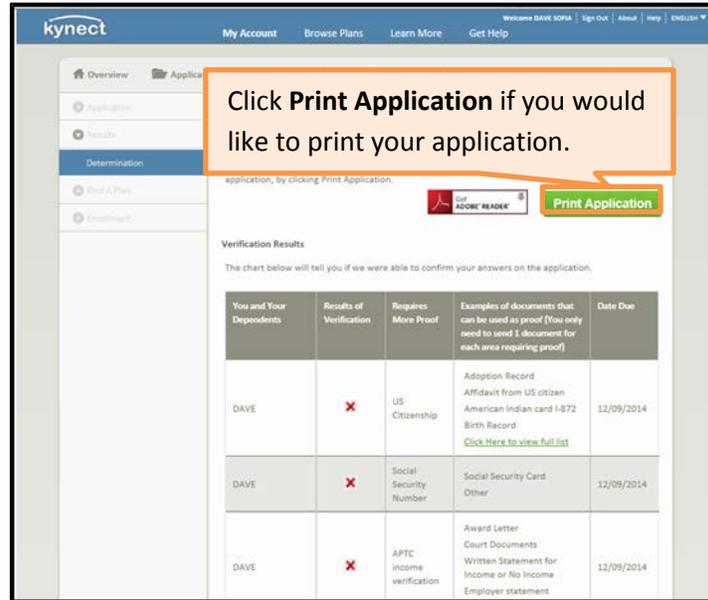
Enter your **First Name** and **Last Name** here.

Click **Submit** to continue.

Step

Action

- Now, you have successfully changed your information. You can print the application if necessary.



Click **Print Application** if you would like to print your application.

application, by clicking Print Application.

PDF **ADOBE READER** **Print Application**

Verification Results
The chart below will tell you if we were able to confirm your answers on the application.

You and Your Dependents	Results of Verification	Requires More Proof	Examples of documents that can be used as proof (You only need to send 1 document for each area requiring proof)	Date Due
DAVE	✘	US Citizenship	Adoption Record Affidavit from US citizen American Indian card I-872 Birth Record Click Here to view full list	12/09/2014
DAVE	✘	Social Security Number	Social Security Card Other	12/09/2014
DAVE	✘	APTC income verification	Award Letter Court Documents Written Statement for Income or No Income Employer statement	12/09/2014

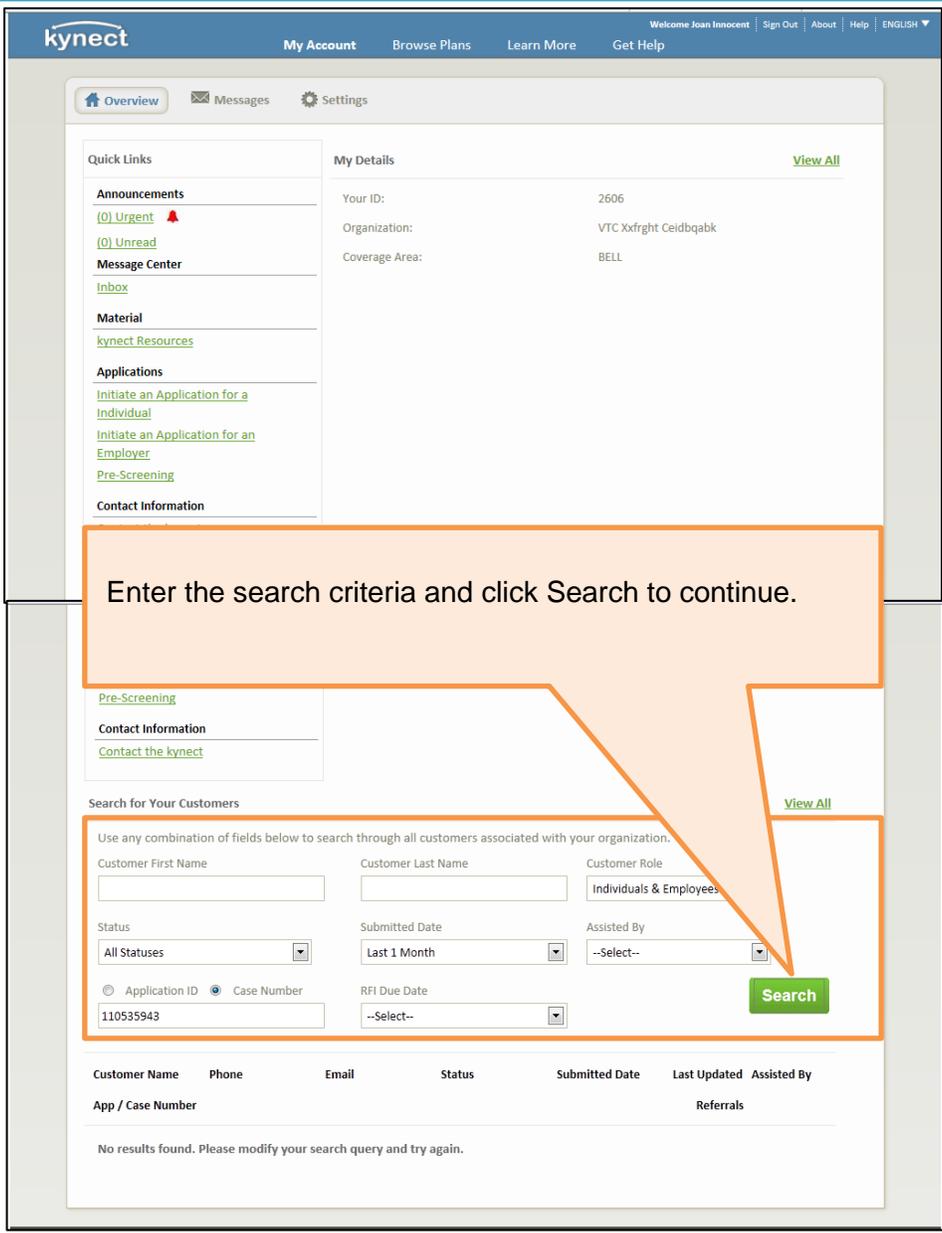


To **report a change for an individual as an Agent/kynector**, please follow the below steps:

- Navigating the Agent/kynector portal
- Searching for an individual
- Reporting the changes for the individual
- Submitting the changes

Step	Action
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- 3
- Enter the search criteria and click **Search** to find the individual.
 There are different ways to search for an individual. You can search by:
- The individual’s first name, last name, role, status, application submitted date, and RFI due date;
 - The application ID or case number; and/or
 - The Agent or kynector’s name associated with the application.



Enter the search criteria and click Search to continue.

Search for Your Customers

Use any combination of fields below to search through all customers associated with your organization.

Customer First Name <input type="text"/>	Customer Last Name <input type="text"/>	Customer Role Individuals & Employees
Status All Statuses	Submitted Date Last 1 Month	Assisted By --Select--
<input type="radio"/> Application ID <input type="radio"/> Case Number	RFI Due Date --Select--	Search

110535943

Customer Name	Phone	Email	Status	Submitted Date	Last Updated	Assisted By
App / Case Number						Referrals

No results found. Please modify your search query and try again.

Step	Action
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4	Click on the individual's name to continue.
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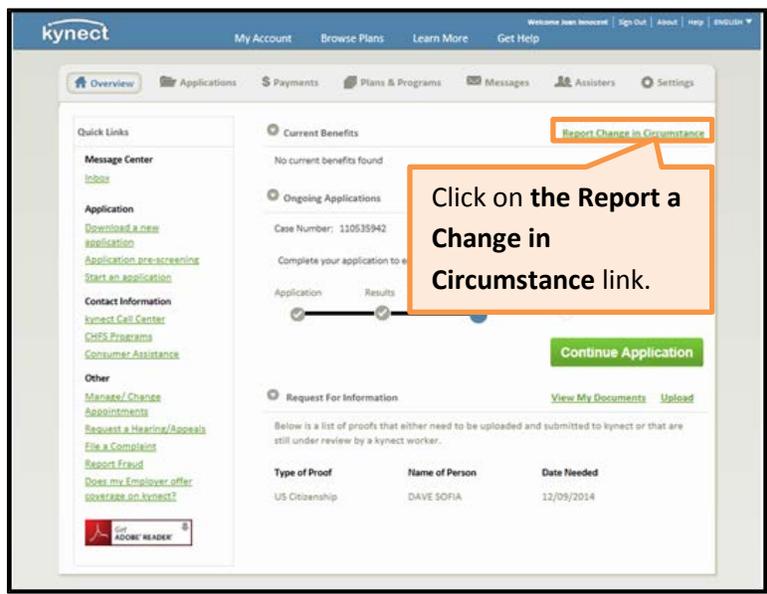
Click on the individual's name to continue.

JAMED COOL 200000392	Not Available	jamed@gmail.com	Partial Application	04/05/2014	04/05/2014	Evan Lilie Referrals
PRINT APPLICATION 200000615	Not Available	printapplication@yahoo.com	Partial Application	04/05/2014	04/05/2014	Evan Lilie Referrals
MOLLY WILL 200000386	(387) 243-8743	ds2bsd@sdj.bdc	Partial Application	04/05/2014	04/05/2014	Evan Lilie Referrals
MINNU GUNJIKAR 100101809	Not Available	Not Available	Partial Application	03/20/2014	03/20/2014	Evan Lilie Referrals
HEMA LATA 200004584	Not Available	Not Available	Partial Application	03/15/2014	03/15/2014	Evan Lilie Referrals

<< **1** 2 3 4 5 6 7 8 9 10 >> [Export Search Results](#)

Too many search results have been found. You can click the double arrows to view more results or enter additional search criteria.

5	Click on the Report a Change in Circumstance link.
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Click on the **Report a Change in Circumstance** link.

The screenshot shows the Kynect user dashboard. The 'Report a Change in Circumstance' link is highlighted in an orange box. The dashboard includes sections for 'Current Benefits', 'Ongoing Applications', and 'Request For Information'. A table at the bottom lists a request for information regarding US Citizenship for DAVE SOFIA, with a date needed of 12/09/2014.



Step

Action

6 Ask the individual what changes he or she would like to report and check the corresponding boxes. Click **Continue**.

A screenshot of a web form with a list of checkboxes. The first checkbox is checked. An orange callout box points to the first three checkboxes with the text "Check the box(es) to select the change type(s)". Another orange callout box points to the "Continue" button with the text "Click Continue to go to the next step." The form includes a "Back" button and a "Continue" button at the bottom right.

There was a recent change in my household size due to someone getting divorced.

There was a recent change in my household size due to someone moving out of the household.

There has been a death in my household.

Someone in my household recently...

Someone in my household recently gained a dependent through birth or adoption.

Someone in my household has recently moved.

Someone in my household has recently been released from or has entered prison.

Someone in my household has had a recent change in citizenship or lawful presence status.

Someone in my household will either lose Employer Sponsored Health Insurance in the future...

Someone in my household has a reason to report a change that is not listed in the reasons shown above.

◀ Back Continue

Step

Action

5. Help the individual complete the required information and click **Submit**.

A screenshot of a "Sign & Submit" form. The form includes a "Sign & Submit" heading, a "Required Field" indicator, and a "Consented by phone" checkbox. Below this are fields for "First Name" (DAVE), "Last Name" (SOFIA), and "Suffix" (None). An orange callout box points to the name fields with the text "Check the boxes and enter your First Name and Last Name." Another orange callout box points to the "Submit" button with the text "Click Submit to go to the next step." The form includes a "Back" button and a "Submit" button at the bottom right.

Overview Applications Payments Plans & Programs Messages Assistants Settings

Sign & Submit *Required Field

Please read this information carefully. Your signature makes this request for eligibility valid. An electronic signature is the same as a written signature. Medicaid, SCHIP and kynect are part of the Cabinet for Health and Family Services (CHFS). By signing below, you agree to the following:

- I am signing this application under penalty of perjury which means I have given true answers to all the questions on this form to the best of my knowledge and belief. I know that I may be subject to penalties under federal and/or state law if I provide false and/or untrue information.
- I know that I must tell kynect if anything changes from what I entered on this application. I must do this within 30 days of the change. I can visit kynect.ky.gov or call 1-855-4kynect (459-6328) TTY: 1-855-926-6958 to report any changes. I understand that a change to my information could...

DAVE SOFIA E-Signature

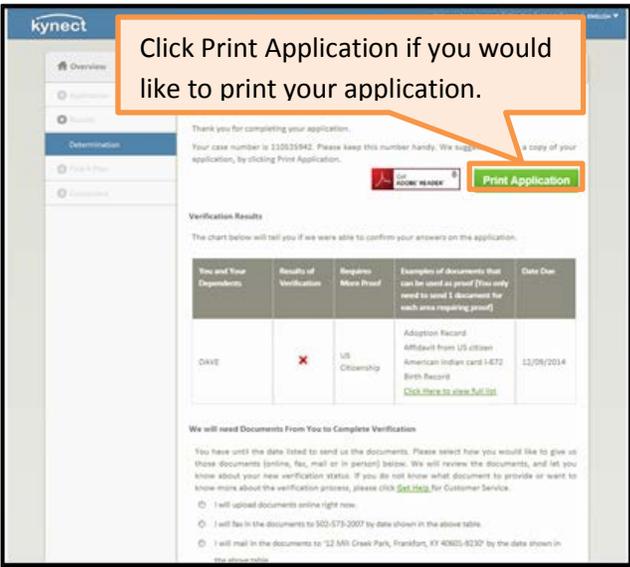
By entering my name below, I am electronically signing my application.

Consented by phone.

* First Name: DAVE * Last Name: SOFIA Suffix: None

◀ Back Submit

Step	Action
9.	Now, you have successfully helped an individual report changes in his or her circumstances as an Agent/kynector. You can print out the application if necessary.



Click Print Application if you would like to print your application.

Thank you for completing your application.
 Your case number is 130035942. Please keep this number handy. We suggest you save a copy of your application, by clicking Print Application.

Print Application

Verification Results
 The chart below will tell you if we were able to confirm your answers on the application.

You and Your Dependents	Results of verification	Requires More Proof	Examples of documents that can be used as proof (You only need to send 1 document for each area requiring proof)	Date Due
DAVE	X	US Citizenship	Adoption Record Affidavit from US citizen American Indian card I-472 Birth Record Click here to view full list	11/09/2014

We will need Documents From You to Complete Verification
 You have until the date listed to send us the documents. Please select how you would like to give us these documents (online, fax, mail or in person) below. We will review the documents, and let you know about your new verification status. If you do not know what document to provide or want to know more about the verification process, please click [Get Help](#) for Customer Service.

- I will upload documents online right now.
- I will fax in the documents to 502-679-3007 by date shown in the above table.
- I will mail in the documents to 12 Mill Creek Park, Frankfort, KY 40601-0232 by the date shown in the above table.