



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

EMPLOYEE INSURANCE CHECKLIST — STATE PLAN

State of Tennessee • Department of Finance and Administration • Benefits Administration
26th Floor, William R. Snodgrass TN Tower • Nashville, Tennessee 37243

DO NOT submit this form to Benefits Administration. This form must be completed during an employee's initial enrollment period. After completion, this form is to be placed in the employee's insurance or personnel file at the time of processing. Place a check mark after each action has been completed.

EMPLOYEE INFORMATION

Name	Social Security Number	Agency
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ELIGIBILITY AND ENROLLMENT

- ☐ Explain the eligibility criteria for employees and dependents.
- ☐ Enrollment applications must be returned by _____.
Advise of the importance of enrolling during the initial enrollment period. If not enrolled when first eligible, they will only be allowed insurance coverage by approval through one of the special enrollment provisions. There is no guarantee of an open enrollment in future years. If a completed enrollment application is not returned by the 15th of the month prior to coverage beginning, an employee may have a double deduction on the first paycheck from which health premiums are collected.
- ☐ Explain the Annual Enrollment Transfer Period, which occurs each year during the fall.
 - Employees/dependents are allowed to transfer between or cancel health options.
 - Employees/dependents are allowed to enroll in, transfer or cancel dental coverage.
 - Employees/dependents are allowed to enroll in optional life insurance coverage.
 - Effective dates for any changes will be the following January 1.

INSURANCE PRODUCTS

Health Options

- ☐ Partnership PPO
 - available statewide
- ☐ Standard PPO
 - available statewide

Dental Options

- ☐ PrePaid Plan
- ☐ Preferred Dental Organization (PDO)

Life Options

- ☐ Basic Term Life and Special Accident
- ☐ Optional Special Accident
- ☐ Optional Universal Life and Term Life

Other

- ☐ Long Term Care

MATERIALS TO BE PROVIDED

- ☐ Provide an enrollment/change application and optional life insurance applications. Enrollment application must be signed and placed in the employee's insurance/personnel file even if refusing coverage.
- ☐ Provide a TennCare notice to make employees aware of their responsibility if they or their dependents are currently enrolled in TennCare.
- ☐ Provide premium amounts for appropriate health, life and dental programs explaining employee deduction and employer contribution.
- ☐ Provide a copy of the eligibility and enrollment handbook, HIPAA privacy statement brochure and applicable provider materials including a provider directory.
- ☐ Provide the phone number and website address for the long-term care vendor.
- ☐ Explain the benefits available through the Employee Assistance Program (EAP) and provide brochures.
- ☐ Explain the optional flexible medical, dependent day care, transportation and parking reimbursement accounts and provide enrollment form.
- ☐ Explain the optional deferred compensation choices and provide enrollment form.

Employee Signature

Agency Benefits Coordinator Signature

Date

Date