

## STATE OF TENNESSEE GROUP INSURANCE PROGRAM

## **EMPLOYEE INSURANCE CHECKLIST — LOCAL EDUCATION PLAN**

State of Tennessee • Department of Finance and Administration • Benefits Administration 312 Rosa L. Parks Avenue, 19th Floor • Nashville, Tennessee 37243 • 615.741.3590 or 800.253.9981

DO NOT submit this form to Benefits Administration. This form must be completed during an employee's initial enrollment period. After completion, place this form 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		EDISON ID		AGENCY	
ELI	GIBILITY AND ENROLLMENT				
	Explain the eligibility criteria for employees and dependents.				
	Enrollment must be completed within 31 days of your eligibility date. If completing a paper form, it must be returned to the human resource office, with applicable dependent verification documents, 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 during the year by approval through one of the special enrollment provisions. 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 changes which can be made during the fall annual enrollment period.				
	Employees/dependents are allowed to enroll in, cancel or transfer between health options and carriers				
	Employees/dependents are allowed to enroll in, cancel or transfer between dental and vision options				
	Effective dates for any changes will be the following January 1				
INSURANCE PRODUCTS					
Health Options			Other		
	Partnership PPO (Promise or No Promise)			nd Preferred Provider	
	Standard PPO		Vision — Basic and I	Expanded Plans	
	Limited PPO		Long-term Care		
	HealthSavings CDHP				
MATERIALS TO BE PROVIDED					
	Provide Edison login, password and employee self service (ESS) instructions.				
	If the Edison password is not set up timely to complete ESS, provide an enrollment application to process insurance elections. If applicable, the enrollment application must be signed and placed in the employee's insurance/personnel file even if refusing coverage.				
	Provide the web address to locate the summaries of benefits and coverage or a printed copy if requested.				
	Provide the web address to the TennCare notice so employee is aware of responsibilities if they or their dependents are enrolled in TennCare.				
10	Provide a copy of the eligibility and enrollment guide and HIPAA privacy notice.				
10	Explain the marketplace letter and applicable provider materials and provide the web address or printed copies if requested.				
	Explain monthly premiums, including employee deduction and employer contribution (if applicable).				
	Explain the benefits available through the Employee Assistance Program (EAP) and provide the web address or a paper copy of the brochure.				
	Provide the phone number and website address for the long-term care vendor.				
Evvi	PLOYEE SIGNATURE		ACENCY DENIEFITS COOK	OPDINATOR SIGNATURE	
LIMIT LOTEE SIGNATORE			AGENCT BENEFITS COC	DRDINATOR SIGNATURE	
DATE			DATE		

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