



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

EMPLOYEE INSURANCE CHECKLIST — STATE 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

ELIGIBILITY AND ENROLLMENT
[] Explain the eligibility criteria for employees and dependents.
[] Enrollment must be completed within 31 days of your eligibility date.
[] Advise of the importance of enrolling during the initial enrollment period.
[] Explain the changes which can be made during the fall annual enrollment period.

INSURANCE PRODUCTS
Health Options: [] Partnership PPO, [] Standard PPO, [] HealthSavings CDHP
Life Options: [] Basic Term Life, [] Voluntary Term Life, [] Voluntary Accidental Death
Other: [] Dental, [] Vision, [] Long-term Care, [] Flexible Benefits

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.
[] Provide the web address to locate the summaries of benefits and coverage.
[] Provide the web address to the TennCare notice.
[] Provide a copy of the eligibility and enrollment guide and HIPAA privacy notice.
[] Explain the marketplace letter and applicable provider materials.
[] Explain monthly premiums, including employee deduction and employer contribution.
[] Explain the benefits available through the Employee Assistance Program (EAP).
[] Provide the phone number and web address for the long-term care vendor.
[] Explain flexible medical, limited purpose, dependent care, transportation and parking reimbursement accounts.
[] Explain the deferred compensation choices and provide enrollment form.

EMPLOYEE SIGNATURE

AGENCY BENEFITS COORDINATOR SIGNATURE

DATE

DATE