INSTRUCTIONS
This form is to be completed by a plan member to suspend insurance benefits while on leave without pay. You must sign, date and return this form to your agency benefits coordinator.

FAILURE TO SIGN AND SUBMIT THIS FORM TIMELY WILL IMPACT YOUR BENEFITS.

LEAVE WITHOUT PAY — SUSPEND COVERAGE

- Maximum period for suspension is two years.
- All state group insurance program benefits are suspended, including any voluntary coverage, with the exception of the $20,000 basic term life and the $40,000 basic accidental death and dismemberment coverages provided at no cost to all eligible state and higher education employees.
- You must request to suspend coverage by completing this form prior to going on an approved leave.
- Premiums must be paid current and not be in a past-due status. You cannot request suspension if your premiums are past due.
- Re-enrollment is not automatic.
- Within 31 days after returning to active employment, you must complete an enrollment change application to re-enroll (90 days if returning from military leave).
- If you fail to re-enroll timely, you must wait until the fall enrollment period unless you become eligible during the year by satisfying one of the special enrollment provisions.
- Coverage will be effective the first of the month after you return to work and your request for reinstatement has been received by Benefits Administration.
- Refer to the Eligibility and Enrollment Guide for further information on reinstating coverage.

TO BE COMPLETED BY EMPLOYEE

<table>
<thead>
<tr>
<th>EMPLOYEE NAME (PRINT)</th>
<th>SIGNATURE (REQUIRED)</th>
<th>DATE</th>
</tr>
</thead>
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TO BE COMPLETED BY AGENCY BENEFITS COORDINATOR

<table>
<thead>
<tr>
<th>SUSPEND COVERAGE EFFECTIVE DATE (MUST BE FIRST OF MONTH)</th>
</tr>
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<tbody>
<tr>
<td>AGENCY</td>
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<table>
<thead>
<tr>
<th>AGENCY BENEFITS COORDINATOR SIGNATURE</th>
<th>DATE</th>
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☐ Suspend coverage due to non-payment while on FMLA (employee signature not required).

Agency MUST notify Benefits Administration when the employee returns to work
Anti-Discrimination and Civil Rights Compliance

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, please call 1-866-576-0029.

If you think you have been treated in a different way for these reasons, please mail this information to Benefits Administration:

- Your name, address and phone number. You must sign your name. (If you write for someone else, include your name, address, phone number and how you are related to that person, for instance wife, lawyer or friend.)
- The name and address of the program you think treated you in a different way.
- How, why and when you think you were treated in a different way.
- Any other key details.

Mail to: State of Tennessee, Benefits Administration, Civil Rights Compliance, Department of Finance and Administration, 19th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243-1102

Need free language help? Have a disability and need free help or an auxiliary aid or service, for instance Braille or large print? Please call 1-866-576-0029.

You may also contact the: U.S. Department of Health & Human Services – Region IV Office for Civil Rights, Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, SW, Atlanta, Georgia 30303-8909 or 1-800-368-1019 or TTY/TDD at 1-800-537-7697

If you speak a language other than English, help in your language is available for free. This tells you how to get help in a language other than English.


주요한 언어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.


をご使用の際は、トライアル・サービス・オプションを有効に設定して、お電話番号を911に設定して、1-866-576-0029（TTY: 1-800-848-0298）にかけます。

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致电

1-866-576-0029 (TTY: 1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

1-866-576-0029 (TTY: 1-800-848-0298) まで、お電話にてご連絡ください。


ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-576-0029 (TTY: 1-800-848-0298) पर कॉल करें।


1-866-576-0029 (TTY: 1-800-848-0298) まで、お電話にてご連絡ください。