



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 (BA). This form must be completed during an employee's initial enrollment period. Place a check mark beside each item discussed. After completing the form, place the original in the employee's insurance or personnel file and give the employee a copy.

EMPLOYEE INFORMATION
NAME EDISON ID AGENCY

ELIGIBILITY AND ENROLLMENT
[] Explain the eligibility criteria for employees and dependents.
[] Explain enrollment must be completed within 31 days of your eligibility date.
[] Explain if not enrolled when first eligible, the employee will only be allowed insurance coverage during the year by approval through a special enrollment provision.
[] Explain changes which can be made during the fall annual enrollment period, effective the following January 1.

INSURANCE PRODUCTS
Health Options: [] Premier PPO, [] Standard PPO, [] Limited PPO, [] Local CDHP/HSA
Other: [] Dental —Prepaid and Preferred Provider, [] Vision — Basic and Expanded Plans

MATERIALS TO BE PROVIDED
[] Provide Edison login, password and ESS instructions.
[] If the Edison password is not set up timely to complete ESS, provide an enrollment application to process insurance elections.
[] Provide the ParTNers for Health web address, https://www.tn.gov/partnersforhealth, and describe the information located on the website.
[] Explain where to find online forms for health, dental, vision, retirement, leave of absence and miscellaneous forms, provide printed copies if requested.
[] Provide a copy of the eligibility and enrollment guide and HIPAA privacy notice.
[] Explain the benefits available through the Employee Assistance Program (EAP) and the wellness program.
[] Explain the benefits available in the health, dental and vision insurance programs.
[] Explain monthly premiums, including employee deduction and employer contribution (if applicable).
[] Explain the marketplace letter and applicable provider materials and provide the web address or printed copies 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.

EMPLOYEE SIGNATURE

AGENCY BENEFITS COORDINATOR SIGNATURE

DATE

DATE