



STATE OF TENNESSEE GROUP INSURANCE PROGRAM  
**EMPLOYEE INSURANCE CHECKLIST — LOCAL GOVERNMENT 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
<input type="checkbox"/> Explain the eligibility criteria for employees and dependents.
<input type="checkbox"/> Explain 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 the applicable dependent verification documents by _____ to allow us time to submit to BA within the 31-day requirement. If electronic enrollment is available through Edison Employee Self Service (ESS), the enrollment with dependent verification must be submitted by _____. Paper application is not necessary if using ESS.
<input type="checkbox"/> 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. If a completed application is not returned by the 15th of the month prior to coverage beginning, the employee may have double deductions on the first paycheck from which health premiums are collected.
<input type="checkbox"/> Explain changes which can be made during the fall annual enrollment period, effective the following January 1. <ul style="list-style-type: none"> <li>• Employees/dependents may request to enroll in, cancel or transfer between health options and carriers</li> <li>• Employees/dependents may request to enroll in, cancel or transfer between dental and vision options</li> </ul>

INSURANCE PRODUCTS	
<b>Health Options</b> <input type="checkbox"/> Premier PPO <input type="checkbox"/> Standard PPO <input type="checkbox"/> Limited PPO <input type="checkbox"/> Local CDHP/HSA	<b>Other</b> <input type="checkbox"/> Dental —Prepaid and Preferred Provider <input type="checkbox"/> Vision — Basic and Expanded Plans

MATERIALS TO BE PROVIDED
<input type="checkbox"/> Provide Edison login, password and ESS instructions.
<input type="checkbox"/> 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.
<input type="checkbox"/> Provide the ParTNers for Health web address, <a href="https://www.tn.gov/partnersforhealth">https://www.tn.gov/partnersforhealth</a> , and describe the information located on the website, including the customer service page with contact information for BA and vendor partners.
<input type="checkbox"/> Explain where to find online forms for health, dental, vision, retirement, leave of absence and miscellaneous forms, provide printed copies if requested.
<input type="checkbox"/> Provide a copy of the eligibility and enrollment guide and HIPAA privacy notice.
<input type="checkbox"/> Explain the benefits available through the Employee Assistance Program (EAP) and the wellness program.
<input type="checkbox"/> Explain the benefits available in the health, dental and vision insurance programs.
<input type="checkbox"/> Explain monthly premiums, including employee deduction and employer contribution (if applicable).
<input type="checkbox"/> Explain the marketplace letter and applicable provider materials and provide the web address or printed copies if requested.
<input type="checkbox"/> 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 \_\_\_\_\_