

Benefits Administration  
**Corrections and Clarifications Form**

to be completed by an Agency Benefits Coordinator

Fax Number (615) 741-8196

Please do not send this form to BA if you have access to make the change in Edison

Employee Name	<input style="width: 100%;" type="text"/>		
Employee SSN	<input style="width: 30%;" type="text"/>	Employee ID	<input style="width: 30%;" type="text"/>
Agency	<input style="width: 35%;" type="text"/>	Type	<input type="checkbox"/> ST <input type="checkbox"/> LE <input type="checkbox"/> UT/TBR <input type="checkbox"/> LG

**Personal Information Correction**

For Employee     For Dependent - Name:

	Name	Date of Birth	Social Security Number
Incorrect Info	<input style="width: 300px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>
Correct Info	<input style="width: 300px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 150px;" type="text"/>

**ABC Unable to Key Address Change**

New Address	Address Change Effective Date <input style="width: 150px;" type="text"/>
Street Address: <input style="width: 550px;" type="text"/>	
City: <input style="width: 250px;" type="text"/> State: <input style="width: 100px;" type="text"/>	
Zip Code: <input style="width: 200px;" type="text"/> County: <input style="width: 150px;" type="text"/>	

**ABC Unable to Key Position Number Change (within an agency)**

Old Position Number <input style="width: 200px;" type="text"/>	New Position Number <input style="width: 200px;" type="text"/>
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**Clarification (usually in response to a request from BA)**

<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>

**Agency Benefits Coordinator Authorization**

ABC Signature <input style="width: 350px;" type="text"/>	Date <input style="width: 150px;" type="text"/>
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