



**AGENCY BENEFITS COORDINATOR USE**

SSN \_\_\_\_\_  
 EMPLID \_\_\_\_\_

**INSTRUCTIONS**

This form is to be completed by a state employee to continue insurance benefits while on an approved family medical leave. 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 OF ABSENCE — FAMILY MEDICAL LEAVE**

- Leave is for a maximum of 12 weeks during a 12-month period.
- Leave is approved by the employing agency.
- You will continue to pay 20 percent of the health premium through direct monthly billing once you are no longer receiving a paycheck.
- When you have been on leave without pay for a full calendar month, your agency benefits coordinator must notify Benefits Administration to transfer billing to your home address.
- You will be billed by Benefits Administration for medical, dental, vision, basic term life, voluntary accidental death and dismemberment, short term disability and long term disability coverage, if you are currently enrolled.
- If you are enrolled in voluntary term life and/or universal life, contact Securian (voluntary term life) at 866.881.0631 and/or Unum (universal life) at 866.298.7636 to request that you be billed directly for the premiums.
- If on approved FMLA you cannot be placed on leave without pay until FMLA has been exhausted and you have been without pay for one full calendar month. When all FMLA has been exhausted, you must either return to work, request to suspend coverage or request to continue coverage and pay 100 percent of the health premium.
- If Benefits Administration suspends coverage due to non-payment of premium, coverage can be reinstated when you return from leave. Reinstatement can be effective the first of the month following your return from leave or retroactively to the first of the suspension date if back premiums are paid.

**TO BE COMPLETED BY EMPLOYEE**

EMPLOYEE NAME (PRINT)	SIGNATURE (REQUIRED)	DATE
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**TO BE COMPLETED BY AGENCY BENEFITS COORDINATOR**

BEGIN BILLING EMPLOYEE 20% FOR COVERAGE EFFECTIVE (MUST BE FIRST OF MONTH)	END BILLING FOR COVERAGE EFFECTIVE (MUST BE FIRST OF MONTH)
AGENCY	
AGENCY BENEFITS COORDINATOR SIGNATURE	DATE

**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, 19<sup>th</sup> 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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-576-0029 (TTY: 1-800-848-0298).

1 866 ب ر ق م ات صل ب ال مج ان لك ت نواف ر ال ل غوى ة ال مس اعد ة خدم ات ف ان ال ل غة، لك رت تحث ك نت إذ ا بم لوظة -576-0029 ر ق م) 866  
ب ر ق م ات صل ب ال ص م ه اتف -848-0298) 800.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-576-0029 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-576-0029 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-576-0029 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-576-0029 (ATS : 1-800-848-0298).

Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call 1-866-576-0029 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-866-576-0029 (ማስማት ለተሰናድው: 1-800-848-0298)።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-576-0029 (TTY: 1-800-848-0298).

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નન:શુદ્ધ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 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。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-576-0029 (TTY: 1-800-848-0298).

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।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-576-0029 (телетайп: 1-800-848-0298).

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