RESET

STATE OF TENNESSEE GROUP INSURANCE PROGRAM

DENTAL INSURANCE APPLICATION — COBRA OR RETIREE

State of Tennessee • Department of Finance and Administration • Benefits Administration
312 Rosa L. Parks Avenue, 19th Floor • Nashville, TN 37243 • 800.253.9981 • fax 615.741.8196

PARTNERS FOR HEALTH

Complete in blue or black ink.

PART 1: ACTION REQUESTED

PARTICIPANT STATUS	ADD	CHANGE
❑ COBRA	❑ Coverage: Self	❑ Transfer to MetLife DPPO
❑ Retiree	❑ Coverage: Spouse	❑ Transfer to Cigna DHMO (Prepaid Provider)
	❑ Coverage: Child(ren)	

PART 2: APPLICANT INFORMATION

LAST NAME	FIRST NAME	MI	SSN OR EDISON ID

DATE OF BIRTH	GENDER	MARITAL STATUS	EMPLOYER/RETIREE GROUP: ❑ UT ❑ TBR ❑ State ❑ Local Ed ❑ Local Gov	DESIRED EFFECTIVE DATE
	❑ M ❑ F			

HOME ADDRESS	CITY	ST	ZIP CODE	COUNTY

PART 3: DENTAL COVERAGE SELECTION

SELECT A PLAN

❑ MetLife Dental Preferred Provider Organization (DPPO)

❑ Cigna Dental Health Maintenance Organization — You MUST select a general dentist from the list of participating network dentists

SELECT A DENTAL PREMIUM LEVEL

❑ self only ❑ self + spouse

❑ self + child(ren) ❑ self + spouse + child(ren)

PART 4: DEPENDENT INFORMATION — LIST ALL DEPENDENTS YOU WISH TO COVER (attach a separate sheet if necessary)

Proof of a dependent's eligibility must be submitted with this application for all new dependents (review document here).

SOCIAL SECURITY NUMBER	NAME (LAST, FIRST, MI)	BIRTHDATE	GENDER	RELATIONSHIP	ACQUIRE DATE *
			❑ M ❑ F		
			❑ M ❑ F		
			❑ M ❑ F		
			❑ M ❑ F		

* The acquire date is the date of marriage, birth, adoption or guardianship.

Proof of a dependent's eligibility must be submitted with this application for all new dependents.

❑ A separate sheet with more dependents is attached

PART 5: AUTHORIZATION

I confirm that the information above is true. I understand my dental selection is prospective and remains effective until the end of the plan year (December 31), subject to plan eligibility criteria, and that I cannot change insurance plans or carriers during the plan year. If I experience a qualifying event, I may be eligible for changes in enrollment of plan members and dependents. I understand that submission of fraudulent information may lead to consequences including cancellation of insurance or possible criminal penalties. I understand that if my dependent loses eligibility, it is my responsibility to notify my benefits coordinator, and coverage will terminate at the end of the month in which the loss of eligibility occurs. I understand that I will be held responsible for any claims paid in error if I fail to notify.

SIGNATURE	DATE	HOME PHONE

EMAIL ADDRESS

Language/Communication Assistance. Need free language help? Have a disability and need free help or an auxiliary aid or service, for instance Braille or large print? Please request assistance by emailing benefits.assistance@tn.gov and FA.CivilRights@tn.gov or calling 800-253-9981. If you think you have been denied free language or communications assistance, please call 615-532-9617 for the F&A Civil Rights Coordinator or follow the F & A complaint procedures in F & A Policy No. 36. Non-Discrimination Policy and Complaint Procedure which is available at the following link: Policy 36 - 10.24.2024 pdf

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

Arabic
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-576-0029 (رقم هاتف الصم والبكم: 1-800-848-0298).

Chinese
注意：如果您會說中文，則提供免費的語言協助服務。 請致電 1-866-576-0029（電傳打字機：1-800-848-0298）。

Vietnamese
CHÚ Ý: Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn. Gọi 1-866-576-0029 (TTY: 1-800-848-0298).

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

French
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-576-0029 (ATS : 1800-848-0298).

Laotian
ຂ້ອນລະວັງ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີແມ່ນມີຢ່. ໂທ1-866-576-0029 (TTY: 1-800-848-0298).

Amharic
ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-866-576-0029 (መስማት ለተሳናቸው: 1-800-848-0298.

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

Gujarati
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-576-0029 (TTY: 1-800-848-0298).

Japanese
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

Tagalog
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).

Hindi
ध्यान दें: यदि आप ँदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध ै। 1-866-576-0029 (TTY: 1800-848-0298) पर कॉल करें।

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

Persian
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-576-0029 (TTY: 1-800-848-0298) تماس بگیرید.