



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

EMPLOYEE INSURANCE CHECKLIST — STATE 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. This form must be completed during an employee's initial enrollment period. After completion, place this form in the employee's insurance or personnel file at the time of processing. Place a check mark after each action has been completed.

EMPLOYEE INFORMATION
NAME EDISON ID AGENCY

ELIGIBILITY AND ENROLLMENT
[] Explain the eligibility criteria for employees and dependents.
[] Enrollment must be completed within 31 days of your eligibility date.
[] Advise of the importance of enrolling during the initial enrollment period.
[] Explain the changes which can be made during the fall annual enrollment period.

INSURANCE PRODUCTS
Health Options: Partnership PPO, Standard PPO, Wellness HealthSavings CDHP, HealthSavings CDHP
Dental Options: Prepaid Plan, Dental Preferred Provider Organization (DPPO)
Life Options: Basic Term Life and Accidental Death and Dismemberment, Voluntary Term Life, Voluntary Accidental Death and Dismemberment
Other: Vision Insurance — Basic and Expanded Plans, Long-Term Care

MATERIALS TO BE PROVIDED
[] Provide Edison login, password and employee self service (ESS) instructions.
[] If the Edison password is not set up timely to complete ESS, provide an enrollment application to process insurance elections.
[] Provide the web address to locate the Summary of Benefits and Coverage or a printed copy if requested by the employee.
[] Provide a TennCare notice to make employees aware of their responsibility if they or their dependents are currently enrolled in TennCare.
[] Provide a copy of the eligibility and enrollment guide, HIPAA privacy statement, marketplace letter and applicable provider materials.
[] Explain monthly premiums, including employee deduction and employer contribution.
[] Explain the benefits available through the Employee Assistance Program (EAP) and provide brochure.
[] Provide the phone number and website address for the long-term care vendor.
[] Explain flexible medical, limited purpose, dependent care, transportation and parking reimbursement accounts and provide enrollment form.
[] Explain the deferred compensation choices and provide enrollment form.

EMPLOYEE SIGNATURE

AGENCY BENEFITS COORDINATOR SIGNATURE

DATE

DATE