



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. 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

- ☐ Explain the eligibility criteria for employees and dependents.
- ☐ Explain enrollment must be completed within 30 days of their 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 ABC time to submit a Benefit eForm to BA within the 30-day requirement. If electronic enrollment is available through Edison Employee Self Service, the enrollment with dependent verification must be submitted by _____. Paper application is not necessary if using ESS. Explain enrollment in voluntary term life insurance is through the vendor's website.
- ☐ 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. Explain guaranteed issue for disability and voluntary term life insurance.
- ☐ Explain changes which can be made during the fall annual enrollment period, effective the following January 1.
 - Employees/dependents may request to enroll in, cancel or transfer between health options and carriers
 - Employees/dependents may request to enroll in, cancel or transfer between dental and vision options
 - Employees may request to apply for short term and/or long term disability
 - Employees/dependents may request to enroll in voluntary accidental death insurance and apply for voluntary term life
 - Employees may request to start a flexible spending account

INSURANCE PRODUCTS

Health Options — each allows a choice of carrier and network

- ☐ Premier Preferred Provider Organization
- ☐ Standard PPO
- ☐ Consumer-driven Health Plan with a health savings account

Life Options

- ☐ Basic Term Life and Accidental Death and Dismemberment
- ☐ Voluntary Term Life
- ☐ Voluntary Accidental Death and Dismemberment

Other

- ☐ Dental — Prepaid and Preferred Provider
- ☐ Vision — Basic and Expanded Plans
- ☐ Flexible Benefits
- ☐ Short Term Disability (State and Higher Education)
- ☐ Long Term Disability (State Only)

INFORMATION TO BE PROVIDED

- ☐ Provide Edison login, password and ESS instructions.
- ☐ If the Edison password is not set up timely to complete ESS, provide an application to process insurance elections through a Benefit eForm. Also provide Basic Life Beneficiary Designation Application and Voluntary AD&D Insurance Application. The beneficiary designations, life insurance forms and enrollment application must be signed and placed in the employee's insurance/personnel file even if refusing coverage. Or provide this navigational path to enter beneficiary information in Edison: HCM>Benefits>Employee/Dependent Information>Life Insurance Beneficiaries.
- ☐ Explain that BA/ParTners for Health will communicate to member using contact information provided, including email address.
- ☐ Provide the ParTners for Health URL, tn.gov/partnersforhealth. Describe information located there, including vendor materials, publications and the customer service page (emphasize search feature for network providers) with contact information for BA and vendor partners.
- ☐ Explain where to find online forms for health, dental, disability, vision, life, retirement, leave of absence, flexible benefits enrollment and reimbursement and miscellaneous forms, provide printed copies if requested. Provide the url to the voluntary term life insurance website.
- ☐ Provide access to the eligibility and enrollment guide and HIPAA privacy notice or printed copies if requested.
- ☐ Explain the benefits available through the Employee Assistance Program and the wellness program.
- ☐ Explain flexible, medical, limited purpose, dependent care, transportation and parking reimbursement accounts.
- ☐ Explain the benefits available in the health, dental, disability, life and vision insurance programs.
- ☐ Explain monthly premiums, including employee deduction and employer contribution.
- ☐ Explain the deferred compensation choices and provide enrollment form or the web address to enroll.
- ☐ Provide the web address to the TennCare notice so employee is aware of responsibilities if they or their dependents are enrolled in TennCare.
- ☐ Explain the Summary of Benefits and Coverage and the marketplace letter and provide the web address or printed copies if requested.

EMPLOYEE SIGNATURE

AGENCY BENEFITS COORDINATOR SIGNATURE

DATE

DATE