



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
Northeast State Community College

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: Premier PPO, Standard PPO, CDHP/HSA
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)

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 for voluntary term life vendor, or a paper enrollment form.
Provide the web address to locate the summaries of benefits and coverage or printed copies if requested.
Provide the web address to the TennCare notice so employee is aware of responsibilities if they or their dependents are enrolled in TennCare.
Provide a copy of the eligibility and enrollment guide and HIPAA privacy notice.
Explain the marketplace letter and applicable provider materials and provide the web address or printed copies if requested.
Explain monthly premiums, including employee deduction and employer contribution.
Explain the benefits available through the Employee Assistance Program (EAP) and provide the web address or a paper copy of the brochure.
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 or the web address to enroll.

EMPLOYEE SIGNATURE
DATE

AGENCY BENEFITS COORDINATOR SIGNATURE
DATE