



STATE GROUP INSURANCE PROGRAM

Intent to Enroll Application – Long-Term Care Insurance

State of Tennessee • Department of Finance and Administration • Benefits Administration
19th Floor WRS TN Tower • 312 Rosa Parks Ave • Nashville, TN 37243
615.741.3590 • 1.800.253.9981 • Fax 615.741.8196

PLEASE RETURN THIS DOCUMENT BY FAX (615) 253-8556 OR EMAIL TO benefits.info@tn.gov:

I would like for a representative of MedAmerica to contact me **to provide my agency with more information** about the State of Tennessee Long-Term Care Insurance Program. *(Please fill in contact information below).*

I am indicating by signing this form **our agency’s intention to enroll in the Long-Term Care Insurance Plan** with coverage to be effective on the date noted below. I am also acknowledging the requirement that our agency must provide a payroll deduction for our employees who choose this method of premium payment.

Agency Name	Edison Department Number(s)
Agency Head	Title
Telephone Number	Email Address
Is your agency a member of the Tennessee Consolidated Retirement System (TCRS)?	Does your agency offer an optional retirement plan?
Total Eligible Employees	
<i>If applicable, date long-term care coverage to be effective for agency (first of a month) (A 90-day notice must be provided.)</i>	
<p>I am indicating by signing this form our agency’s intention to enroll in the Long-Term Care Insurance Plan with coverage to be effective on the date noted above. I am also acknowledging the requirement that our agency must provide a payroll deduction for our employees who choose this method of premium payment.</p> <p>_____</p> <p>_____</p> <p>(Agency Head Signature) (Date)</p>	