

Benefits Administration  
**Corrections and Clarifications Form**

to be completed by an Agency Benefits Coordinator

Fax Number (615) 741-8196

Please do not send this form to BA if you have access to make the change in Edison

Employee Name

Employee ID

Employee SSN

Agency

**Personal Information Correction**

For Dependent - Name

Name

Date of Birth

Social Security  
Number

Incorrect Info

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Correct Info

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Termed in Error

Date insurance should end

Correct Term Date

Date of hire/eligibility

Correct Hire Date

Term before  
coverage begins

**Agency Benefits Coordinator Authorization**

ABC Signature

Date