



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

OPTIONAL SPECIAL ACCIDENT ENROLLMENT APPLICATION

State of Tennessee • Department of Finance and Administration • Benefits Administration
26th Floor, 312 Rosa L. Parks Avenue • Nashville, Tennessee 37243 • 615.741.3590 or 1.800.253.9981

TYPE OF REQUEST: New Enrollment, Enrollment Change
ACTION FOR ENROLLMENT CHANGE: Add Dependent, Terminate Coverage, Change Beneficiary, etc.

EMPLOYEE INFORMATION: First Name, MI, Last Name, Date of Birth, Gender, Marital Status, Social Security Number, etc.

DEPENDENT INFORMATION: Table with columns for Name, Date of Birth, Relationship, Gender, Acquire date, Social Security Number

\* The acquire date is the date of marriage, birth, adoption or guardianship. Proof of a dependent's eligibility must be submitted with this application for all new dependents.

AUTHORIZATION: I confirm that all the above information is accurate. I authorize the state group insurance program to release to Dearborn National on behalf of myself and all family members information...

Complete beneficiary designation on back of this application and return to your agency benefits coordinator

Name	Edison ID	<b>OR</b>	SSN
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**PRIMARY BENEFICIARY DESIGNATION**

Name	Social Security Number	Relationship	Percent of Benefit
Home Address	City	State	Zip Code
Name	Social Security Number	Relationship	Percent of Benefit
Home Address	City	State	Zip Code
Name	Social Security Number	Relationship	Percent of Benefit
Home Address	City	State	Zip Code
Name	Social Security Number	Relationship	Percent of Benefit
Home Address	City	State	Zip Code
Name	Social Security Number	Relationship	Percent of Benefit
Home Address	City	State	Zip Code
<b>Total for Primary Beneficiary (must be 100%)</b>			<b>Total</b>

**CONTINGENT BENEFICIARY DESIGNATION**

Name	Social Security Number	Relationship	Percent of Benefit
Home Address	City	State	Zip Code
Name	Social Security Number	Relationship	Percent of Benefit
Home Address	City	State	Zip Code
Name	Social Security Number	Relationship	Percent of Benefit
Home Address	City	State	Zip Code
Name	Social Security Number	Relationship	Percent of Benefit
Home Address	City	State	Zip Code
Name	Social Security Number	Relationship	Percent of Benefit
Home Address	City	State	Zip Code
<b>Total for Contingent Beneficiary (must be 100%)</b>			<b>Total</b>

NOTE: Contingent beneficiary will only receive benefits if all primary beneficiaries are deceased.