



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

APPLICATION FOR CONTINUATION OF INSURANCE AT RETIREMENT (NON-TCRS)

State of Tennessee • Department of Finance and Administration • Benefits Administration

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ENROLLMENT INFORMATION

Form with fields: Last Name, First Name, MI, Employee ID, Social Security Number, Home Address, City, State, Zip Code, Phone Number, Gender, Birthdate, Marital Status, Plan Enrollment, Coverage Type Requested.

Family members to be covered by your contract. See reverse side for code listing.

Table with columns: Social Security Number, Legal Name, Birthdate, Relationship Code, Relationship as of (date), Gender, Student (19-24), Marital Status, Medicare Eligible.

Form with two columns: 'Are you or your spouse presently eligible for Part A of Medicare?' and 'Are you or your spouse presently eligible for Part B of Medicare?'. Includes fields for Retiree and Spouse with Yes/No options and Date Effective/Eligible.

Form with question: 'Are you, your spouse or dependents receiving Social Security benefits based on disability?'. Includes fields for Retiree, Spouse, and Dependents with Yes/No options and Date Eligible.

You must attach a copy of Medicare card, if applicable.

AUTHORIZATION

I confirm that all of the information provided is accurate. I authorize health care providers to furnish the insurance carrier with all medical, admission and insurance records pertaining to me and my dependents.

Signature and Date fields.

OFFICE USE ONLY

Form with fields: Plan ID, Months of Service, Program ID, Direct Pay, ACH (Bank Draft), Eff Date, Approved By.

**EMPLOYER CERTIFICATION – This in no way obligates an employer to pay any portion of a retiree’s premium.**

Does the agency pay any portion of the premium? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of coverage maintained by employee: <input type="checkbox"/> Single <input type="checkbox"/> Family	
Date employee began employment with agency (for retirement purposes) as verified by employment records.		Total month of service	
Date employee was first covered under the agency group health plan.		Date coverage will be terminated through employer.	
Agency Name		Phone Number	Retiree Budget Code/Dept ID
Signature of Certifying Officer		Title	

**DEPENDENT CODES**

Dependent children between the ages of 19 and 24 may be covered only if they continue to meet eligibility guidelines and were covered at the time of the employee’s retirement. In the event of a retiree’s death, a covered spouse or dependent not yet eligible for Medicare will receive six months of free insurance coverage. Newly acquired dependents must be added to the plan within 60 days. A social security number must be provided for any dependent two years of age or older.

**RELATIONSHIP CODES**

- SP Legally married spouse ..... Date of marriage
- CN Natural child ..... Date of birth
- CN Legally adopted child..... Date of intention to adopt
- CS Stepchild for whom you or your spouse has legal or joint custody..... Date custody obtained or marriage date
- CL Any child for whom you are the legal guardian ..... Date appointed guardian
- CT Any child you claim as a dependent for federal income tax. .... Date you were able to claim child

**RELATIONSHIP AS OF**

**IMPORTANT:** It is your responsibility to notify your retirement plan of any changes in the eligibility status of a dependent within five working days.

The following are not eligible for coverage as your dependent through the state group insurance program:

- Ex-spouse (even if court ordered)
- Parents of the employee or spouse
- Children in the armed forces on a full time basis
- Children over age 24 (unless they meet the qualifications for incapacitation)
- Married children, regardless of age
- Foster children
- Live-in companions not legally married to the employee

The relationship as of date is needed solely for the purposes of determining the date of eligibility.

**STUDENT:** Check Yes or No for any unmarried dependent child older than 18 years and 11 months of age. A full-time student is one who is registered for at least the number of credit hours that an accredited (licensed) school, college, or university requires in its definition of full-time student status and who attends classes for two of three semesters or three of four quarters in any 12-month period.

A complete explanation of dependent eligibility is found in the Insurance Handbook available from your agency personnel office. Please contact your agency benefits coordinator with any questions concerning this form.