



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

APPLICATION FOR SPECIAL ENROLLMENT BY QUALIFYING EVENT

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

26th Floor, William R. Snodgrass TN Tower • Nashville, Tennessee 37243 • 615.741.3590/1.800.253.9981 • Fax: 615.741.8196

INSTRUCTIONS: Please print. Complete Parts 1, 2, and 3.

PART 1

Employee Name	Social Security Number	Employee ID (if known)
Agency Name	Budget Code / Dept ID	Date of Previous Insurance Termination (if applicable)

PART 2

Identify the qualifying event which caused the loss of other medical coverage for you and your eligible dependents. You must submit the appropriate required documentation, proof of prior coverage, and a completed group insurance program enrollment/change application with this application. Application for enrollment must be submitted within 60 days of the qualifying event.

QUALIFYING EVENT

- Death of spouse or ex-spouse
- Divorce
- Legal separation
- Loss of eligibility (does not include a loss due to failure to pay premiums or termination of coverage for cause)
- Loss of coverage due to exhausting lifetime benefit maximum
- Loss of TennCare (does not include a loss due to failure to pay premiums)
- Termination of spouse's or ex-spouse's employment (voluntary and non-voluntary)
- Employer eliminated contribution to spouse's, ex-spouse's or dependent's insurance coverage (total contribution, not partial)
- Spouse's or ex-spouse's work hours reduced causing loss of eligibility for insurance coverage

DOCUMENTATION REQUIRED

- Copy of death certification and written documentation from the employer on company letterhead providing names of covered participants and date coverage ends.
- Copy of the signed divorce decree and written documentation from the employer on company letterhead providing names of covered participants, date coverage ends, and the reason why coverage ended.
- Copy of the agreed order of legal separation and written documentation from the employer on company letterhead providing names of covered participants, date coverage ends, and the reason why coverage ended.
- Written documentation from the employer or the insurance company on company letterhead providing the names of covered participants, date coverage ends and the reason for the loss of eligibility.
- Written documentation from the insurance company on company letterhead providing the names of covered participants, date coverage ended and stating that the lifetime maximum has been met.
- Written documentation from TennCare on company letterhead stating that coverage has been or will be terminated.
- Written documentation from the employer on company letterhead providing names of covered participants, date coverage ends and reason why coverage ended.
- Written documentation from the employer on company letterhead providing names of covered participants, date contribution amount changed and date coverage ended.
- Written documentation from the employer on company letterhead providing names of covered participants, date coverage ends and reason why coverage ended.

OR employee without coverage or with single coverage

- Acquires a new dependent – spouse (and adding other previously eligible dependents) Copy of marriage certificate.
- Acquires a new dependent – newborn (and adding other previously eligible dependents) Copy of birth certificate for newborn.
- Acquires a new dependent – adoption/legal custody Copy of adoption documents.

PART 3

Employee Signature	Telephone Number	Requested Effective Date
Agency Benefits Coordinator Signature	Telephone Number	Date Received from Employee

PART 4

Date Received	Date Approved/Denied and Reason	Effective Date
Benefits Administration Analyst Signature		