



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

LEAVE WITHOUT PAY INSURANCE OPTIONS — LOCAL EDUCATION/LOCAL GOVERNMENT

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: Read the following information regarding your insurance options while on an approved leave of absence. Select an option, then sign, date and return this form to your agency benefits coordinator.

LEAVE WITHOUT PAY — INSURANCE SUSPENDED

- Maximum period of two years.
All programs are suspended including dental, if applicable.
You must request to suspend coverage by completing this form prior to going on an approved leave or being in a past due status.
Re-enrollment is not automatic. Within 31 days after returning to active employment you must complete an enrollment/change application to re-enroll (or 90 days if returning from military leave).
You may be eligible to enroll under spouse coverage as a dependent if your spouse is also an employee.
You will be subject to PPO and POS (out of network) six month pre-existing condition if returning to work after six months if a Certificate of Coverage for other health coverage is not provided.
Please refer to the Insurance Handbook for further information regarding reinstating coverage.

LEAVE WITHOUT PAY — INSURANCE CONTINUED

- Maximum period of two years.
You must request a continuation of coverage by completing this form prior to going on an approved leave.
You will be billed at home for 100% premium.
You can later suspend coverage if unable to continue to pay the premium provided your request is made prior to insurance terminating for non-payment or being in a past due status.
When returning to active duty, Benefits Administration must be notified to change the appointment type or you will continue to be billed at home.
If insurance terminates for non-payment of premium, you must satisfy one of the special enrollment provisions or qualify through medical underwriting to re-enroll.

FAMILY MEDICAL LEAVE

- Leave is for a maximum period of 12 weeks and is approved by the employing agency.

TO BE COMPLETED BY EMPLOYEE

I have read the above options regarding my insurance while on an approved leave of absence and choose the following option regarding my coverage. I acknowledge the guidelines set forth above and accept the terms and conditions contained therein.

- Request to Suspend Coverage to be effective
Request to Continue Coverage to be effective

Table with 4 columns: Employee Signature, Social Security Number, Employee ID (if known), Date. Row 2: Agency Benefits Coordinator Signature, Agency.

Completed form to be sent to Benefits Administration. Notify Benefits Administration when employee returns to work.