



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

REQUEST FOR EXTENSION TO SUBMIT ELIGIBILITY DOCUMENTATION

State of Tennessee • Department of Finance and Administration • Benefits Administration
Suite 2600 • 312 Rosa L. Parks Avenue • Nashville, Tennessee 37243 • 615.741.3590/1.800.253.9981

Complete this form if you are having difficulty in obtaining documentation to verify the eligibility of a dependent. This form must be submitted with your enrollment application. If your request is approved, enrollment in health coverage for these dependents will be held in a pending status until acceptable proof of eligibility is provided.

Table with 2 columns: Employee Name, Social Security Number, Dependent Name, and Reason for Request. Includes checkboxes for Plan Enrollment (State, Local Education, Local Government).

Authorization

I understand that health insurance will not be effective for the dependents I have listed above until acceptable proof of eligibility is provided. I further understand that once a dependent has been approved, coverage will be retroactive to the correct effective date and I will be responsible for payment of any applicable back premiums for the difference between single and family coverage.

Signature

Date