



AGENCY BENEFITS COORDINATOR USE

SSN _____
 EMPLID _____

INSTRUCTIONS

This form is to be completed by a plan member to continue insurance benefits while on leave without pay. You must sign, date and return this form to your agency benefits coordinator.

FAILURE TO SIGN AND SUBMIT THIS FORM TIMELY WILL IMPACT YOUR BENEFITS.

LEAVE WITHOUT PAY — CONTINUE COVERAGE

- Maximum period to continue coverage is two years. (Note: Coverage for short and/or long term disability insurance may not exceed 60 months while you are using your accrued leave and leave of absence. You will need to notify Benefits Administration to stop your billing for short and/or long term disability insurance when you reach this limit.)
- Leave is approved by the employing agency.
- When you have been on leave without pay for one full calendar month, your agency benefits coordinator must notify Benefits Administration to transfer billing to your home address.
- You will be billed at home for 100 percent of the premium for health, dental, vision, basic term life, voluntary accidental death and dismemberment, short term disability and long term disability coverages, if enrolled, once you no longer receive a paycheck.
- If you are enrolled in voluntary term life and/or universal life, contact Securian (voluntary term life) at 866.881.0631 and/or Unum (universal life) at 866.298.7636 to request that you be billed directly for the premiums.
- If you do not return to active work status prior to the allowed two-year leave of absence, coverage will be discontinued and COBRA coverage will not be offered.
- You must return to work and be in a positive pay status for one full calendar month before you will be eligible to go on another leave of absence.
- If you become unable to continue paying the premiums you may request suspension of coverage. You must submit a written request, signed and dated, before your premiums are past due. If you request your coverage to be suspended during your remaining leave of absence you will be allowed to re-enroll upon your return to work.

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME (PRINT)	SIGNATURE (REQUIRED)	DATE

TO BE COMPLETED BY AGENCY BENEFITS COORDINATOR

BEGIN BILLING EMPLOYEE 100% FOR COVERAGE EFFECTIVE (MUST BE FIRST OF MONTH)	END BILLING FOR COVERAGE EFFECTIVE (MUST BE FIRST OF MONTH)
AGENCY	
AGENCY BENEFITS COORDINATOR SIGNATURE	DATE

Agency MUST notify Benefits Administration when the employee returns to work

Anti-Discrimination and Civil Rights Compliance

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, please call 1-866-576-0029.

If you think you have been treated in a different way for these reasons, please mail this information to Benefits Administration:

- Your name, address and phone number. You must sign your name. (If you write for someone else, include your name, address, phone number and how you are related to that person, for instance wife, lawyer or friend.)
- The name and address of the program you think treated you in a different way.
- How, why and when you think you were treated in a different way.
- Any other key details.

Mail to: State of Tennessee, Benefits Administration, Civil Rights Compliance, Department of Finance and Administration, 19th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243-1102

Need free language help? Have a disability and need free help or an auxiliary aid or service, for instance Braille or large print? Please call 1-866-576-0029.

You may also contact the: U.S. Department of Health & Human Services – Region IV Office for Civil Rights, Sam Nunn Atlanta Federal Center, Suite 16T70, 61 Forsyth Street, SW, Atlanta, Georgia 30303-8909 or 1-800-368-1019 or TTY/TDD at 1-800-537-7697

If you speak a language other than English, help in your language is available for free. This tells you how to get help in a language other than English.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-576-0029 (TTY: 1-800-848-0298).

1 برقم اتصل به المجان لك تتوافر ال لغوية ال مساعدتخدمات ف إن ال لغة، انك رت تحدثك إن ا: بم لحوطة -576-0029-رقم) 866
1: وال بكم الصدم ه اتف -848-0298-800).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電
1-866-576-0029 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-576-0029 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-866-576-0029 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-576-0029 (ATS : 1-800-848-0298).

Ni songen mwohmw ohnte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call 1-866-576-0029 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-866-576-0029 (ማስማት ለተሳናቸው: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-576-0029 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો
1-866-576-0029 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-866-576-0029 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-576-0029 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-576-0029 (TTY: 1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-576-0029 (телетайп: 1-800-848-0298).

تماس با ما به اشده می فراهم م 866-576-0029 (TTY: 1-800-848-0298) شم ابرای رایگان بصورت زبانی تسهیلات کنید، می گفتگو فراسی زبانه اگر: توجه
بگیرید