



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

DENTAL INSURANCE APPLICATION

State of Tennessee • Department of Finance and Administration • Benefits Administration
312 Rosa L. Parks Avenue, 19th Floor • Nashville, TN 37243 • 800.253.9981 • fax 615.741.8196



PART 1: ACTION REQUESTED

Form with four columns: PARTICIPANT STATUS (COBRA, Retiree), ADD (Coverage: Self, Spouse, Child(ren)), CHANGE (Transfer to MetLife DPPO, Cigna Prepaid (DHMO)), and TERMINATE (Coverage: Self, Spouse, Child(ren)).

PART 2: APPLICANT INFORMATION

Form with fields for LAST NAME, FIRST NAME, MI, SSN OR EDISON ID, DATE OF BIRTH, GENDER (M, F), MARITAL STATUS, EMPLOYER/RETIREE GROUP (UT, TBR, State, Local Ed, Local Gov), EFFECTIVE DATE, HOME ADDRESS, CITY, ST, ZIP CODE, COUNTY.

PART 3: DENTAL COVERAGE SELECTION

Form with two columns: SELECT A PLAN (MetLife Dental Preferred Provider Organization (DPPO), Cigna Prepaid Dental) and SELECT A DENTAL PREMIUM LEVEL (member only, member + spouse, member + child(ren), member + spouse + child(ren)).

PART 4: DEPENDENT INFORMATION — LIST ALL DEPENDENTS YOU WISH TO COVER (attach a separate sheet if necessary)

Table with 6 columns: SOCIAL SECURITY NUMBER, NAME (LAST, FIRST, MI), BIRTHDATE, GENDER (M, F), RELATIONSHIP, ACQUIRE DATE *. Contains 4 empty rows for dependent information.

* The acquire date is the date of marriage, birth, adoption or guardianship. Proof of a dependent's eligibility must be submitted with this application for all new dependents. A separate sheet with more dependents is attached

PART 5: AUTHORIZATION

I confirm that all of the information above is true. I know that I can lose my insurance if I give false information. I may also face disciplinary and legal charges. If my dependents lose eligibility, I know that I must tell Benefits Administration within one calendar month. If I do not, then I will have to pay the plan back for all of my dependent's claims. Finally, I authorize providers to give my insurance carrier the records for me and my dependents.

Form with fields for SIGNATURE, DATE, HOME PHONE.

Form with field for EMAIL ADDRESS.

Complete in blue or black ink.