



AGENCY BENEFITS COORDINATOR USE

SSN _____

EMPLID _____

INSTRUCTIONS

Employee: Complete this form to suspend 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 — SUSPEND COVERAGE

- Maximum period for suspension is two years.
- All state group insurance program benefits for central state government and state higher education employees are suspended, except basic term life/basic accidental death and dismemberment, voluntary term life, voluntary universal life, long term disability, and short-term disability when on an approved claim.
- All state group insurance program benefits are suspended for state offline agency employees, except voluntary term life, voluntary universal life, and disability insurance when on an approved claim.
- All local education or local government benefits are suspended.
- You must request to suspend coverage by completing this form prior to going on an approved leave.
- Premiums must be paid current and not be in a past-due status. You cannot request suspension if your premiums are past due.
- Reinstatement is not automatic.
- Within 31 days after returning to active employment, you must complete an enrollment change application to re-enroll (90 days if returning from military leave).
- If you fail to timely submit an enrollment change application, you must wait until the annual enrollment period unless you become eligible during the year by satisfying one of the special enrollment provisions.
- Coverage will be effective the first of the month after you return to work and your request for reinstatement has been received by Benefits Administration.
- Refer to the New Hire Guide for further information on reinstating coverage.

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME (PRINT)	SIGNATURE (REQUIRED)	DATE
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TO BE COMPLETED BY AGENCY BENEFITS COORDINATOR

SUSPEND COVERAGE EFFECTIVE DATE (MUST BE FIRST OF MONTH)	
AGENCY	
AGENCY BENEFITS COORDINATOR SIGNATURE	DATE

Suspend coverage due to non-payment while on FMLA (employee signature not required).

Agency MUST notify Benefits Administration when the employee returns to work

As required by law, a Summary of Benefits and Coverage is available which describes your 2024 health coverage options. The SBC may be found at www.tn.gov/ParTNersForHealth/summary-of-benefits-and-coverage no later than Sept. 1. The digital newsletter contains much of the same information. To get a SBC paper copy, free of charge, call 855.809.0071. Please include your name, complete mailing address and name of the SBCs you want: State and Higher Education Plan; Local Education Plan; or Local Government Plan.

The Plans are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to PHI. Find Notice of Privacy Practice and other important Legal Notices including Prescription Drug Coverage and Medicare and more at https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/legal_notices.pdf

Find the Notice Regarding Wellness Program at tn.gov/ParTNersForHealth under Wellness, or email benefits.info@tn.gov to request a mailed copy of the Wellness Program Notice.

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, contact the Finance and Administration Civil Rights Coordinator at FA.CivilRights@tn.gov or 615-532-9617.

Have you been denied services or treated differently for the above stated reasons? Find the Department of Finance and Administration's Nondiscrimination Policy and Complaint Procedures and Form under F&A Department Policies at <https://www.tn.gov/finance/looking-for/policies.html> (Policy 36); contact the F&A Civil Rights Coordinator; or mail a complaint to F&A Civil Rights Coordinator/Office of General Counsel, 20th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

Need free language help? Have a disability and need free help or an auxiliary aid or service such as braille or large print? If you speak a language other than English, help in your language is available for free. Contact the F&A Civil Rights Coordinator at 615-532-9617.

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

مكبل او مصلا فتاه - (800-848-0298) 1. مقرب لصتا. ناجم لاب كل رفاوتت وىوغلل ادعاسم تامدخ نإف، نغلل ركذنا ثدحتت تنك انا: 576-0029- (مقرب 866

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

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አገዳታ ድርጅቶች: በነጻ ሊያገዝዎት ተዘጋጅተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 1-866-576-0029 (መስማት 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 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 हृद्धि 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).

هجوو 866-576-0029 (TTY: 1-800-848-0298) دىرىگب سامت هرامش نى اب. دشابامى مهارف امش يارب ناگىار تروصب ى نابز تال هسوت، دىنىكىم وگتفنگ ى سراف نابز هب رگا: هجوو 1-800-848-0298)

If you have questions about civil rights compliance or concerns, you may also contact:

- 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, GA 30303-8909 or 1-800-368-1019 or TTY/TDD at 1-800-537-7697.
- U.S. Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, 810 7th Street, NW, Washington, DC 20531.
- Tennessee Human Rights Commission, 312 Rosa Parks Avenue, 23rd Floor, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.