



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

DENTAL INSURANCE APPLICATION — COBRA OR RETIREE

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



Complete in blue or black ink.

Form with sections: PART 1: ACTION REQUESTED (PARTICIPANT STATUS, ADD, CHANGE, TERMINATE); PART 2: APPLICANT INFORMATION (LAST NAME, FIRST NAME, MI, SSN OR EDISON ID, DATE OF BIRTH, GENDER, MARITAL STATUS, EMPLOYER/RETIREE GROUP, DESIRED EFFECTIVE DATE, HOME ADDRESS, CITY, ST, ZIP CODE, COUNTY); PART 3: DENTAL COVERAGE SELECTION (SELECT A PLAN, SELECT A DENTAL PREMIUM LEVEL); PART 4: DEPENDENT INFORMATION — LIST ALL DEPENDENTS YOU WISH TO COVER; PART 5: AUTHORIZATION (I confirm that the information above is true... SIGNATURE, DATE, HOME PHONE, EMAIL ADDRESS).