



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

APPLICATION TO CONTINUE INSURANCE AT RETIREMENT

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



You must apply to continue coverage at retirement within one full calendar month of the date active coverage ends. Please return completed form to Benefits Administration. See page 2 for detailed instructions on each part of this form.

PART 1: ACTION REQUESTED
TYPE OF ACTION: Add Coverage, Update Personal Info
REASON FOR ACTION: New Retiree, Surviving Dependent Continuing Coverage
PARTICIPANTS AFFECTED: Retiree, Spouse, Child(ren)
COVERAGE AFFECTED: Health, Dental, Vision, The Tenn Plan
AGENCY RETIRED FROM: ORIGINAL HIRE DATE, TERMINATION DATE, DATE OF RETIREMENT

PART 2: RETIREE INFORMATION
FIRST NAME, MI, LAST NAME, DATE OF BIRTH, GENDER, MARITAL STATUS
SOCIAL SECURITY NUMBER, ELIGIBLE FOR MEDICARE?, IF YES, MEDICARE PART A EFFECTIVE DATE, MEDICARE PART B EFFECTIVE DATE
HOME ADDRESS, UPDATE MY ADDRESS, CITY, ST, ZIP CODE, COUNTY

PART 3: GROUP HEALTH COVERAGE CONTINUATION
CHECK ALL THAT APPLY: retiree, spouse, child(ren)
PART 4: THE TENN PLAN ENROLLMENT
CHECK DESIRED COVERAGE LEVEL: retiree, retiree + spouse, retiree + children, retiree + spouse + child(ren)

PART 5: DENTAL COVERAGE
PLAN: Delta Dental DPPO, Cigna DHMO
CHECK DESIRED COVERAGE LEVEL: retiree, retiree + spouse, retiree + child(ren), retiree + spouse + child(ren)
PART 6: VISION COVERAGE
PLAN: Basic, Expanded
CHECK ALL THAT APPLY—must be enrolled in group health: retiree, spouse, child(ren)

PART 7: DEPENDENT INFORMATION — attach a separate sheet if necessary
NAME (FIRST, MI, LAST), DATE OF BIRTH, RELATIONSHIP, GENDER, SOCIAL SECURITY NUMBER, MEDICARE ELIGIBLE?, DATE EFFECTIVE

Proof of a dependent's eligibility must be submitted with this application for all new dependents (review document here). A SEPARATE SHEET WITH MORE DEPENDENTS IS ATTACHED

PART 8: AUTHORIZATION
I confirm that the information above is true. I understand my health, dental and vision selections are effective until the end of the plan year (December 31) subject to plan eligibility criteria, and I that I cannot change insurance plans or carriers during the plan year.
SIGNATURE, DATE, HOME PHONE, EMAIL ADDRESS AFTER RETIREMENT

PART 9: EMPLOYER CERTIFICATION — MUST BE COMPLETED BY YOUR AGENCY
EDISON ID, RETIREE IS: TCRS, NON-TCRS, ORP/TIAA, FRM LEGIS, PREMIUM: RET, INS, BIL, TYPE: ST, LE, LE-SS, LG
ACTIVE CVG TERM DATE, RET CVG EFFECT DATE, YEARS OF CREDITABLE SVC, LENGTH OF PARTICIPATION IN THE PLAN IMMEDIATELY PRIOR TO TERMINATION OF EMPLOYMENT: 3 OR MORE YEARS, 1-3 YEARS, LESS THAN 1 YEAR
NAME OF AGENCY, AGENCY SIGNATURE, DATE, PHONE NUMBER

Instructions

Members who meet the eligibility rules to continue health insurance at retirement for themselves or covered eligible dependents must submit an application within one full calendar month of the date active coverage ends. If you do not submit the paperwork within this time frame the only way you can later enroll in the retirement plan would be to meet the special qualifying event criteria.

PART 1: This section should be completely filled out by the retiree and separating agency. The original hire date is with the qualifying agency. For TCRS members, the date of retirement is the effective date of your retirement with the Tennessee Consolidated Retirement System. The termination date of employment is either the last day in an active paid status or the last day of an approved leave of absence, whichever is later. This date must be confirmed by your separating agency and is certified by your agency benefit coordinator signing the employer certification section of this form.

PART 2 RETIREE INFORMATION: This section must be completed by the retiree. If you are a surviving spouse who is continuing coverage as the new head of contract on the retiree plan, please complete the application with your information as the retiree. If you are entitled to Medicare you must submit a copy of your Medicare card with this application.

PART 3 GROUP HEALTH: Eligibility requirements to continue group health coverage for retirees and their dependents are outlined in Section 4 of the State, Local Education and Local Government Plan Documents. The plan documents can be viewed at <https://www.tn.gov/partnersforhealth/publications/publications.html>.

State and local education retirees and dependents who become entitled to Medicare Part A prior to the age of 65 must enroll in Part B in order to maintain group health coverage until entitled to Medicare by virtue of age as referenced in Section 4 of the State and Local Education Plan Documents. Copies of Medicare cards must be submitted to Benefits Administration as documentation of enrollment in Medicare Parts A and B. If the pre 65 Medicare entitled retiree or retiree dependent does not enroll in Medicare Part B when eligible, coverage under the state group health plan will be terminated.

LOCAL GOVERNMENT retirees and dependents who become entitled to Medicare Part A are NOT eligible for coverage under the retiree group health plan as referenced in Section 4 of the Local Government Plan Document.

In all cases, it is the responsibility of the retiree to notify Benefits Administration within five working days if the retiree or a covered dependent has become eligible for Medicare prior to the age of 65.

PART 4 THE TENNESSEE PLAN: Eligibility requirements for The Tennessee Plan, supplemental medical insurance for retirees with Medicare, can be found in the Plan Document for The Tennessee Plan at https://www.tn.gov/content/dam/tn/partnersforhealth/documents/medicare_supplement_pd.pdf. You and any dependent(s) you wish to cover must be enrolled in at least Medicare Part A. You must submit a copy of your Medicare card(s) with this application. If you are only enrolled in Medicare Part A, The Tennessee Plan will pay after Medicare for Part A expenses and will pay for Medicare Part B expenses after estimating the amount Medicare Part B would have paid. In addition, The Tennessee Plan will not pay or coordinate benefits if you are enrolled in a Medicare HMO or Medicare Advantage plan. The Tennessee Plan does not offer any pharmacy benefits. You must enroll in Medicare Part D or subscribe to another supplemental for pharmacy needs. If you are enrolled in TennCare, you do not need supplemental coverage to Medicare. This enrollment form must be completed within 60 days of your initial eligibility which is either the date you become eligible for Medicare, your date of retirement or the effective date of loss of creditable group health coverage; whichever is later.

If you are applying 60 days or more past your initial eligibility date, you must apply as a late applicant and enrollment will be subject to approval. If you are a late applicant, please contact Benefits Administration for The Tennessee Plan late applicant information.

PART 5 DENTAL: Eligibility requirements for dental coverage can be found in the dental certificates of coverage. The certificates can be viewed at <https://www.tn.gov/partnersforhealth/publications/publications.html> under the dental drop down menus. If you do not apply within one full calendar month of your active group health insurance and/or dental benefits termination, the effective date of your coverage will be the first of the following month in which you apply. If you select the DHMO (Prepaid Provider) dental plan, please note that you MUST select a dentist who participates in the network. The DHMO plan will not pay any benefits if you do not select and use a participating network general dentist. Once your coverage has changed from active to retiree you MUST contact the carrier to confirm your continued use of your selected participating network general dentist. Additional information on retiree dental and COBRA dental can be obtained from your agency benefits coordinator or viewed at [tn.gov/partnersforhealth.html](https://www.tn.gov/partnersforhealth.html).

PART 6 VISION: To be eligible to apply for vision you MUST be enrolled in the state's group health insurance plan, and you must meet all other eligibility requirements found in the vision certificates of coverage. The certificates can be viewed at <https://www.tn.gov/partnersforhealth/publications/publications.html> under the vision drop down menus.

PART 7 DEPENDENT INFORMATION: This section must be completed if you are applying to cover a dependent. You must complete the Medicare eligibility information in this section and submit a copy of your dependent's Medicare card. If you have not previously submitted dependent verification documentation on a dependent you are applying to cover, please submit the applicable documentation with this application as outlined [here](#).

PART 8 RETIREE AUTHORIZATION: This section must be signed and dated by the retiree (or surviving spouse if they are the new head of contract). If the retiree has a designated power of attorney, a copy of the POA must be attached to this application.

PART 9 EMPLOYER CERTIFICATION: The designated official with the separating agency must complete and certify if the retiree is a TCRS member, a non-TCRS retiree, a higher education ORP retiree or a former legislator. The correct premium collection method should also be designated:

- RET = premiums will be collected from the TCRS pension check
- INS = Benefits Administration has agreed to bill the agency for retiree premiums
- BIL = the retiree will be billed directly at home by Benefits Administration

Type of retiree must also be completed:

- ST = State
- LE = Local Education teacher/certified staff
- LE-SS = Local Education support staff
- LG = Local Government

Active coverage term date indicates the date an active employee's insurance is terminated. Years of creditable service must be certified by agency for non-TCRS, ORP and former legislators. The agency should also review and mark on the form the applicable time frame the retiree has been continuously covered on the plan immediately preceding termination of employment. The form must be signed and dated by the designated agency official. By signing the employer certification section the agency is also certifying the correct term date of employment and date of retirement has been completed in Part 1.

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 615.532.9617.

If you think you have been denied services or treated differently for any of the above stated reasons, please find the TN Department of Finance and Administration's Non Discrimination and Complaint Policy at <https://www.tn.gov/finance/looking-for/policies.html> for guidance or contact the Department of Finance and Administration Civil Rights Coordinator at FA.CivilRights@tn.gov or 615.532.9617 for assistance.

You may request information regarding anti-discrimination or a Civil Rights Complaint form by mail to: State of Tennessee, Civil Rights Coordinator, Department of Finance and Administration, Office of General Counsel, 19th Floor, 312 Rosa L. Parks Avenue, William R. Snodgrass Tennessee Tower, Nashville, TN 37243 or by email to FA.CivilRights@tn.gov.

You may also request information regarding anti-discrimination from or submit a Complaint to:

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; OR

U. S. Office for Civil Rights, Office of Justice Programs, U. S. Department of Justice, 810 7th Street, NW, Washington, DC 20531; OR Tennessee Human Rights Commission, 312 Rosa Parks Avenue, 23rd Floor, William R. Snodgrass Tennessee Tower, Nashville, TN 37243.

Need free language help? If you speak a language other than English, help in your language is available for free. If you have a disability and need an auxiliary aid or service, for instance sign language, Braille, or large print, help is available for free. Please request language assistance by emailing renee.woodall@tn.gov and FA.CivilRights@tn.gov or calling 615.253.9926.

Spanish

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

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-576-0029 (رقم هاتف الصم والبكم: 1-800-848-0298).

Chinese

注意：如果您會說中文，則提供免費的語言協助服務。請致電 1-866-576-0029（電傳打字機：1-800-848-0298）。

Vietnamese

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

Korean

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

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-576-0029 (ATS : 1800-848-0298).

Laotian

ຂ້ອນວາວໆ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສາລາວມີຢູ່. ໂທ 1-866-576-0029 (TTY: 1-800-848-0298).

Amharic

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

German

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

Gujarati

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

Japanese

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

Tagalog

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).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-576-0029 (TTY: 1800-848-0298) पर कॉल करें।

Russian

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

Persian

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-576-0029 (TTY: 1-800-848-0298) تماس بگیرید.