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KEYED: _____
VERIFIED: _____

P# _____

STATE OF TENNESSEE GROUP INSURANCE PROGRAM

2024 ENROLLMENT CHANGE APPLICATION

University of Tennessee Chattanooga • Office of Human Resources • Insurance Dept 3603
720 McCallie Ave • Chattanooga, TN 37403 • office 423.425.4452 • fax 423.425.4574

PARTNERS FOR HEALTH

NAME	EDISON ID	EMPLOYER GROUP: ☑ HED

PART 1 — PARTICIPANT(S) CANCELING COVERAGE (ATTACH A SEPARATE SHEET IF NECESSARY)

I request to cancel ❑ medical ❑ dental ❑ short-term disability ❑ vision ❑ FSA/medical ❑ FSA/dep care ❑ FSA/limited ❑ Voluntary AD&D on the participant(s) below due to:

❑ Reason marked in Part 2 below

❑ DHMO (prepaid provider) dental; no participating general dentist within a 25-mile radius of my home (skip Parts 2 and 3 below)

Note: Short-term disability and Voluntary AD&D require 30 days advance notice (skip Parts 2 and 3 below).

❑ Employee	❑ Spouse	❑ Child(ren) (names):

INSTRUCTIONS — SUBMIT ALL DOCUMENTS TO YOUR AGENCY BENEFITS COORDINATOR

You and/or your dependent(s) may only cancel coverage under this plan during the annual enrollment period except as stated on this form. (Note: Voluntary AD&D and short-term disability may be canceled during the year for any reason.)

1. You and/or your dependent(s) may cancel coverage if you lose eligibility under this plan, or you have one of the reasons listed in Part2. **Only persons who lose eligibility under this plan or become newly eligible for other coverage may cancel.** You have 60 days from a qualifying event to submit all required documentation.
2. Purchase of a private policy, voluntary cancellation of other coverage, a provider or hospital leaving a network, and financial hardship do not qualify as reasons to cancel coverage under this plan.
3. If enrolled in the DHMO (prepaid provider) dental option and there is no participating general dentist within a 25-mile radius of your home, you may cancel dental coverage. The coverage end date will be the last day of the month that this form is received by Benefits Administration.

PART 2 — REASON TO REQUEST TO CANCEL

REASON	DOCUMENTATION REQUIRED
❑ Marriage, divorce, legal separation, annulment	Copy of marriage certificate; final divorce decree; order of separation, or order of annulment signed by judge and proof of other coverage (see #1 above) If divorce, please provide ex-spouse's current address here:
❑ Birth, adoption, placement for adoption	Copy of birth certificate or adoption documents and proof of other coverage (see #1 above)
❑ Death of spouse, dependent	Copy of death certificate
❑ New employment, return from unpaid leave, change from part-time to full-time employment (spouse or dependent)	Letter on employer's company letterhead certifying date of insurance eligibility, date of return from unpaid leave or change in employment status
❑ Entitlement to Medicare, Medicaid, TRICARE	Letter of entitlement from Medicare, Medicaid or TRICARE or copy of new ID card
❑ Court decree or order	Copy of court decree or order signed by judge
❑ Open enrollment	Letter, on company letterhead, certifying date of eligibility for other coverage
❑ A change in your place of residence or workplace out of the national service area (i.e., move out of the U.S.)	Letter stating date of location change with member's new address
❑ Marketplace Enrollment	I attest that I am enrolled or intend to enroll in the Marketplace

PART 3 — REQUESTED COVERAGE END DATE

The coverage end date may either be the last day of the month prior to the eligibility date of other coverage or the last day of the month that the event occurred.	LAST DAY COVERAGE TO BE ACTIVE (MM/DD/YY)

PART 4 — AUTHORIZATION

By signing this application, I attest that I have read the instructions above and that I and/or my dependent(s) are eligible to cancel coverage for the reason(s) marked on this form. I also attest that I can cancel short-term disability coverage for any reason. I further attest that the information I am submitting is true and accurate. I understand that by making this request, the person(s) whose coverage is cancelled may not be eligible for COBRA and that any future request for coverage will be subject to the Plan's eligibility and enrollment rules.

EMPLOYEE SIGNATURE	DATE	PHONE
AGENCY BENEFITS COORDINATOR SIGNATURE	DATE	NOTES

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).

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

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 chobạn. 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 ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለውቁጥር 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 ના: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　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 दे: यदि आप हिंदी बोलते है तो आपके लिए मुफ्त मे भाषा सहायता सेवाएं उपलब्ध है। 1-866-576-0029 (TTY: 1-800-848-0298) पर कॉल करे।ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-576-0029 (телетайп: 1-800-848- 0298).

توجه: اگر به زبان فارسی گفتگو می‌کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌باشد. با این شماره تماس بگیری 866-576-0029 (TTY: 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.