



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

ENROLLMENT CHANGE APPLICATION

Knox County Schools • Benefits and Employee Relations Department
Post Office Box 2188 • Knoxville, TN 37901-2188 • Fax (865) 594-9523



PART 1: ACTION REQUESTED — PLEASE SEE PAGE 4 FOR INSTRUCTIONS

Form section for Part 1: ACTION REQUESTED. Includes checkboxes for Type of Action (Add coverage, Change coverage), Coverage Affected (Health), Participants Affected (Employee, Spouse, Child(ren)), Reason for this Action (New Hire, Termination, etc.), Life Event (Marriage, Newborn, etc.), and Special Enrollment (Death, Divorce, etc.).

PART 2: EMPLOYEE INFORMATION

Form section for Part 2: EMPLOYEE INFORMATION. Includes fields for First Name, MI, Last Name, Date of Birth, Gender, Marital Status, Social Security Number, Employing Agency, Employer Group, Home Address, City, ST, ZIP Code, and County.

PART 3: HEALTH COVERAGE SELECTION

Form section for Part 3: HEALTH COVERAGE SELECTION. Includes checkboxes for Premier PPO, Standard PPO, Local ED & Gov Only options, Carrier selection (BlueCross, Cigna), Region where you live or work, and Health Premium Level.

PART 4: DEPENDENT INFORMATION — ATTACH A SEPARATE SHEET IF NECESSARY

Table for Part 4: DEPENDENT INFORMATION. Columns include Name (First, MI, Last), Date of Birth, Relationship, Gender, Acquire Date, Social Security Number, and Health status.

\*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 (see page 2). A separate sheet with more dependents is attached

PART 5: EMPLOYEE AUTHORIZATION

Form section for Part 5: EMPLOYEE AUTHORIZATION. Includes checkboxes for Accept and Refuse, with explanatory text regarding insurance coverage and authorization of deductions.

Form section for signature and contact information. Includes fields for Employee Signature, Date, Home Phone (Required), and Email Address (Required).

AGENCY SECTION — RETURN THIS FORM TO YOUR AGENCY BENEFITS COORDINATOR

Form section for Agency Section. Includes fields for Original Hire Date, Coverage Begin/End Date, Position Number, Edison ID, Agency Benefits Coordinator Signature, Date, and checkboxes for PPACA and 1450 Eligible.

Active employees should return this completed form to your agency benefits coordinator. COBRA participants should send to Benefits Administration.

## Dependent Eligibility Definitions and Required Documents

TYPE OF DEPENDENT	DEFINITION	REQUIRED DOCUMENT(S) FOR VERIFICATION
Spouse	A person to whom the participant is legally married	You will need to provide a document proving marital relationship <b>AND</b> a document proving joint ownership
		<b>Proof of Marital Relationship</b> <ul style="list-style-type: none"> <li>• Government issued marriage certificate or license</li> <li>• Naturalization papers indicating marital status</li> </ul>
		<b>Proof of Joint Ownership</b> <ul style="list-style-type: none"> <li>• Bank Statement issued within the last six months with both names; <b>or</b></li> <li>• Mortgage Statement issued within the last six months with both names; <b>or</b></li> <li>• Residential Lease Agreement within the current terms with both names; <b>or</b></li> <li>• Credit Card Statement issued within the last six months with both names; <b>or</b></li> <li>• Property Tax Statement issued within the last 12 months with both names; <b>or</b></li> <li>• The first page of most recent Federal Tax Return filed showing “married filing jointly” (if married filing separately, submit page 1 of both returns) or form 8879 (electronic filing)</li> </ul>
		If just married in the previous 12 months, only a marriage certificate is needed for proof of eligibility
Natural (biological) child under age 26	A natural (biological) child	The child’s birth certificate; <b>or</b>
		Certificate of Report of Birth (DS-1350); <b>or</b>
		Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240); <b>or</b>
		Certification of Birth Abroad (FS-545)
Adopted child under age 26	A child the participant has adopted or is in the process of legally adopting	Court documents signed by a judge showing that the participant has adopted the child; <b>or</b>
		International adoption papers from country of adoption; <b>or</b>
		Papers from the adoption agency showing intent to adopt
Child for whom the participant is legal guardian	A child for whom the participant is the legal guardian	Any legal document that establishes guardianship
Stepchild under age 26	A stepchild	Verification of marriage between employee and spouse (as outlined above) and birth certificate of the child showing the relationship to the spouse; <b>or</b>
		Any legal document that establishes relationship between the stepchild and the spouse or the member
Child for whom the plan has received a qualified medical child support order	A child who is named as an alternate recipient with respect to the participant under a qualified medical child support order (QMCSO)	Court documents signed by a judge; <b>or</b>
		Medical support orders issued by a state agency
Disabled dependent	A dependent of any age (who falls under one of the categories previously listed) and due to a mental or physical disability, is unable to earn a living. The dependent’s disability must have begun before age 26 and while covered under a state-sponsored plan.	Documentation will be provided by the insurance carrier at the time incapacitation is determined

Revised 1/2016

**Never send original documents. Please mark out or black out any social security numbers and any personal financial information on the copies of your documents BEFORE you return them.**