

## **State Group Insurance Enrollment Instructions**

### **The State of Tennessee – Group Insurance Program Enrollment/Change**

**Application** is used to show your acceptance *or* refusal of any of the insurance coverage offered to you as an employee of The University of Tennessee. If you are refusing *ALL* insurance plans available (Health, Dental, & Life Insurance), then you will only need to complete Parts 1, 2, and 6 of this form. The Insurance department must have your refusal of coverage on file.

If you plan to enroll in *any* insurance plan, you will need to follow the instructions below.

**Part 1** – Indicate that you are a “New Eligible Employee”.

**Part 2** – While this portion requests mostly personal information, you will need to locate your County of Residence and County of Work codes on the second page of this form. For example, if you live and work in Knox County, your code for both would be 047. Your Budget code is the E or R account number from which you are paid. If you have not received this information, it may be obtained from your department.

**Part 3** – Select what insurance coverage you would like. You do not have to enroll in any one insurance plan to be eligible for another. For example, if you would like to enroll in the Optional Term Life Insurance and nothing more, you may do this. If the insurance plan for which you are enrolling has an asterisk (\*) alongside it, this indicates there is an additional form to complete. Each additional form should be downloaded from the “Insurance Enrollment Forms” webpage. For example, if you choose the HMO or POS Health Insurance coverage, you must choose a primary care physician and indicate your choice on the primary care physician selection card.

**Part 4** – List each *eligible* dependent that you would like coverage for and the personal information for each. Relationship code is found on the second page of the enrollment form. Make sure you select what type of coverage you want each dependent to have (health **and/or** dental) located in the last column.

**Part 5** – If you are enrolling in a health insurance plan, you will be receiving automatic basic term life insurance coverage. Please enter a beneficiary for that policy.

**Part 6** – Indicate your acceptance (or refusal) of the State Group Insurance Program. It also asks if you are currently enrolled in another insurance plan. Select yes only if you plan to maintain that coverage after your health insurance with the University of Tennessee begins. Select no otherwise.

Please enter your telephone numbers, print, and sign the form in BLUE ink. Return this and all other additional insurance enrollment forms to:

**Payroll/Insurance Department  
P115 Andy Holt Tower  
Knoxville, TN 37996**