



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

BASIC LIFE INSURANCE BENEFICIARY DESIGNATION APPLICATION

State of Tennessee • Department of Finance and Administration • Benefits Administration
26th Floor, 312 Rosa L. Parks Avenue • Nashville, Tennessee 37243 • 615.741.3590 or 1.800.253.9981

TYPE OF REQUEST

- New Enrollment
- Beneficiary Change

Enrolled in health coverage:

- Yes No

If yes, type of health coverage:

- Single Family

This form is to be used to designate a beneficiary for basic life insurance coverages. Individuals who elect **NOT** to enroll in health insurance will be provided with basic term life and basic special accident coverage with the premium being provided by the State of Tennessee. These amount of coverage **CANNOT** be increased.

Individuals who **DO** elect health coverage will also receive the same state support; however, the amount of coverage will increase as your salary increases, with additional premiums deducted from your paycheck. If enrolling in family health coverage, covered dependents will also receive life insurance benefits; however, the amount of coverage is different from that of an employee.

Please refer to your insurance handbook for further information.

EMPLOYEE INFORMATION

| | | | |
|---|--|-------------------------------|---------------|
| Name | Social Security Number | Edison Employee ID (if known) | |
| Employing Department/Agency | Dept ID | Date of Hire | Date of Birth |
| Work Address | City | State | Zip Code |
| Home Address | City | State | Zip Code |
| Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Daytime Phone Number | |

PRIMARY BENEFICIARY

| | | | |
|--------------|------------------------|--------------|----------|
| Name | Social Security Number | Relationship | |
| Home Address | City | State | Zip Code |

SECONDARY BENEFICIARY

| | | | |
|--------------|------------------------|--------------|----------|
| Name | Social Security Number | Relationship | |
| Home Address | City | State | Zip Code |

AUTHORIZATION

I understand that this enrollment is NOT for health insurance coverage and is for basic term life and basic special accident coverage only. Unless I enroll in family health insurance, coverage is provided to employees only (not spouse or child). If I enroll in family health insurance coverage, my covered dependents will also be enrolled in basic life coverage; however do not elect a beneficiary as the benefit will automatically default to me as the employee. I further understand that a new form must be completed and returned to my agency benefits coordinator any time I want to designate a new beneficiary. Failure to designate a beneficiary will result in the proceeds being paid to my estate in the event of my death.

Upon termination of employment, I may continue this coverage on a direct pay basis to the insurance company; however, payment of monthly premiums is my responsibility.

Employee Signature

Date

Return this application to your agency benefits coordinator