STATE OF TENNESSEE GROUP INSURANCE PROGRAM

LEAVE WITHOUT PAY — SUSPEND COVERAGE

Department of Finance and Administration • Benefits Administration
312 Rosa L. Parks Avenue, 19th Floor • Nashville, Tennessee 37243

AGENCY BENEFITS COORDINATOR USE

SSN _____

EMPLID _____

INSTRUCTIONS

This form is to be completed by a plan member to suspend insurance benefits while on leave without pay. You must sign, date and return this form to your agency benefits coordinator.

FAILURE TO SIGN AND SUBMIT THIS FORM TIMELY WILL IMPACT YOUR BENEFITS.

LEAVE WITHOUT PAY — SUSPEND COVERAGE

- Maximum period for suspension is two years.
- All state group insurance program benefits are suspended, including any voluntary coverage, with the exception of the $20,000 basic term life and the $40,000 basic accidental death and dismemberment coverages provided at no cost to all eligible state and higher education employees.
- You must request to suspend coverage by completing this form prior to going on an approved leave.
- Premiums must be paid current and not be in a past-due status. You cannot request suspension if your premiums are past due.
- Re-enrollment is not automatic.
- Within 31 days after returning to active employment, you must complete an enrollment change application to re-enroll (90 days if returning from military leave).
- If you fail to re-enroll timely, you must wait until the fall enrollment period unless you become eligible during the year by satisfying one of the special enrollment provisions.
- Coverage will be effective the first of the month after you return to work and your request for reinstatement has been received by Benefits Administration.
- Refer to the Eligibility and Enrollment Guide for further information on reinstating coverage.

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME (PRINT)	SIGNATURE (REQUIRED)	DATE

TO BE COMPLETED BY AGENCY BENEFITS COORDINATOR

SUSPEND COVERAGE EFFECTIVE DATE (MUST BE FIRST OF MONTH)	
AGENCY	
AGENCY BENEFITS COORDINATOR SIGNATURE	DATE

☐ Suspend coverage due to non-payment while on FMLA (employee signature not required).

Agency MUST notify Benefits Administration when the employee returns to work