

VBP Help Session Checklist

If you are considering applying for the VBP, or have already applied, make sure that you:

- Have the packet of information that was mailed to you notifying you of your eligibility
- Ensure that your mailing address is correct
- Submit the application by 5:00PM, July 17, 2015. Remember, it must be hand-delivered or mailed (and post-marked) to the VBP Administrator.
- Submit the Waiver and Release Agreement to your agency on your voluntary separation date (if you retire from the State prior to July 31, 2015, your Waiver and Release agreement is due on July 31, 2015).
- Understand the revocation procedure should you decide to revoke your Waiver and Release Agreement (this is detailed on p. 4 of the VBP Program Document)
- Understand the timing of your final salary and VBP benefits payments (timeline summary is enclosed)
- If you have questions, contact the VBP Call Center toll free at (844) 430-7679 or (615) 770-1973, or send an email to Voluntary.Buyout@tn.gov

Are you considering taking advantage of the education and training resources provided by the VBP?

- A summary of the key components of the program is attached
- A VBP tuition assistance form is attached and is also available at <http://www.tn.gov/collegepays/vbp.htm>
- A list of approved colleges and universities for the VBP tuition assistance benefit is attached
- Get your GED—more information is available at tn.gov/labor-wfd/AE/index.shtml.

Are you eligible for retirement and will you be retiring if your application to the VBP is accepted?

If yes,

- Be sure you understand your retirement options. Materials available at the Help Session:

Benefits Administration: 1(800) 253-9981

- Application to Continue Insurance at Retirement
- Premium rates for COBRA, Retirement group health insurance, Dental, Vision, and Medicare Supplement
- Medicare Supplement Plan (POMCO) pamphlet

Tennessee Consolidated Retirement System: 1(800) 770-8277

- Application for Service or Early Retirement Benefits available at <http://tcrs.tn.gov>
- Deferred Compensation Program 401(k) and 457 Plans FAQs
- Flexible Benefits Plan FAQs, enrollment, and applications

Are you interested in understanding more about your options for medical coverage and other employee benefits if you participate in the VBP?

- You have different options for medical coverage continuation depending on:
 - Whether or not you currently participate in the state's medical insurance program
 - Your eligibility for retirement benefits
 - Your eligibility for Medicare

- Your choice may be based on the options for which you are eligible, the cost of those options and the simplicity of the options.

- The questions below will ensure that you get the appropriate information for your circumstances.

1. Do you currently participate in a State medical insurance plan? If yes, go to question 2. If no, see below.

Medical Coverage

- If you are not currently enrolled in State medical insurance, you are NOT eligible for COBRA coverage.
- If you are age 65 or over, you may be eligible for Medicare. Please go to www.medicare.gov for more information about Medicare.

Other Insurance and Benefits

- In this packet, you will find a contact list to reach the carriers of the following plans:
 - Basic Life Insurance
 - Optional Life Insurance
 - Long-Term Care InsurancePLEASE NOTE: If you currently participate in optional benefits, your carrier will contact you by mail regarding your options.
 - Contact Information for Medicare
 - You will also find information about the Flexible Benefits Program, including a Reimbursement Request Form.
 - You will find information about the Deferred Compensation program
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- If you have any questions about you insurance benefits, please call the Benefits Administration Service Center, toll free at (800) 253-9981 or (615) 741-3590, Monday-Friday 8:00 a.m. to 4:30 p.m. CDT, or email your questions to retirement.insurance@tn.gov.

2. You currently participate in a State medical insurance plan. Are you eligible to retire under the Tennessee Consolidated Retirement System (TCRS) If yes, go to question 3. If no, see below.

Non-Retiree COBRA Continuation Coverage

- Every person currently in the State's medical insurance program is eligible to continue coverage at their current rate for 6 months by selecting the COBRA option. As part of the VBP, the State will continue to pay the state's share of the premium during this time.
- At the end of the 6 months of subsidized COBRA, you may continue COBRA at the full premium plus a 2% administrative fee for the remaining 12 months of COBRA or you can drop COBRA coverage. By electing the 6 month subsidized COBRA coverage offered by the state *you are not obligated to continue coverage and pay for the remaining 12 months.*
- Medical coverage continuation through COBRA is not automatic if you are accepted into the VBP. *You must enroll.*
- To enroll, you must complete the COBRA application and send it to Benefits Administration as soon as possible upon acceptance into the VBP, but, in all cases, within the standard time frames for continuation coverage. Following your voluntary separation date, you will receive a package from Benefits Administration with an application for COBRA continuation coverage.
- You should submit the first month's COBRA premium along with the COBRA application or it will delay the COBRA coverage enrollment.
- Your COBRA packet will include
 - A summary of the COBRA program
 - A table that compares premiums for VBP COBRA (months 1-6) and standard COBRA (months 7-18)

Other Insurance and Benefits

- In this packet, you will find a contact list to reach the carriers of the following plans:
 - Basic Term Life Insurance
 - Optional Life Insurance
 - Long-Term Care InsurancePLEASE NOTE: If you currently participate in optional benefits, your carrier will contact you by mail regarding your options.
 - Contact Information for Medicare
 - You will also find information about the Flexible Benefits Program, including a Reimbursement Request Form.
 - You will find information about the Deferred Compensation program
- If you have any questions about you insurance benefits, please call the Benefits Administration Service Center, toll free at (800) 253-9981 or (615) 741-3590, Monday-Friday 8:00 a.m. to 4:30 p.m. CDT, or email your questions to retirement.insurance@tn.gov.

3. Do you currently participate in a State medical insurance plan AND you are eligible to retire under the Tennessee Consolidated Retirement System (TCRS)? If yes, see below.

Retiree Medical Coverage

- If you are retirement eligible *and* eligible for continuing insurance at retirement, you may elect to go directly to the State's retiree continuation coverage *or* you may elect the VBP's 6-month COBRA option first and then elect to enroll in the retiree medical continuation coverage at the end of the 6 months. For retiree continuation coverage:
 - You must have at least 10 years of creditable service with the State
 - Ten years of creditable service and at least three years of insurance coverage in the plan immediately prior to retirement
 - At least 20 or more years of creditable service and at least one year of insurance coverage in the plan immediately prior to retirement.
 - The State's contribution to the premium varies based on years of service and plan option
 - Between 10 and 19 years of creditable service the state pays 60%
 - Between 20 and 29 years of creditable service the state pays 70%
 - 30+ years of creditable service the state pays 80%

- Medical coverage continuation through COBRA is not automatic if you are accepted into the VBP. *You must enroll.* Likewise, medical coverage continuation through the State's Retiree Medical program is not automatic. *You must also enroll in the retiree medical continuation coverage.*

- Every person in the State's medical insurance program is eligible to continue coverage by selecting the COBRA option. As part of the VBP, participants under the age of 65 will continue to pay the employee rate of 20% for 6 months; the State will continue to pay the state's share of 80% during this time. Participants 65 years of age and older as of their voluntary separation date will receive a one-time \$3,000 cash payment to assist in the transition to Medicare. These participants will also be eligible to enroll in COBRA but must pay the full 102% premium. This 102% rate would also be applicable to their dependents that are enrolled in COBRA.

- At the end of the 6 months of subsidized COBRA, you may continue COBRA at the full premium plus a 2% administrative fee for the remaining 12 months of COBRA or you can drop COBRA coverage. By electing the 6 month subsidized COBRA coverage offered by the state *you are not obligated to continue coverage and pay for the remaining 12 months.*

- To enroll, you must complete the COBRA application and send it to Benefits Administration as soon as possible upon acceptance into the VBP, but, in all cases, within the standard time frames for continuation coverage. Following your voluntary separation date, you will receive a package from Benefits Administration with an application for COBRA continuation coverage.

- You should submit the first month's COBRA premium along with the COBRA application or it will delay the COBRA coverage enrollment.

- You should complete and submit the *Application to Continue Insurance at Retirement* to Benefits Administration at the same time you submit your retirement pension application to TCRS. The application to continue insurance must be submitted within **one full calendar month of the expiration of active insurance** if not before. If you are under 65 years of age and are enrolling in COBRA, we advise you to submit the retirement insurance application at the same time you submit your COBRA application to Benefits Administration. Please leave the “effective date” field blank and Benefits Administration will fill in the appropriate date based on when your 6 months of 20% subsidized COBRA coverage ends.
- If you elected to enroll in the subsidized COBRA and also submitted the *Application to Continue Insurance at Retirement*, Benefits Administration will enroll you in retirement coverage at the end of the 6 months of subsidized COBRA, assuming all eligibility criteria for retirement insurance has been met.
- ***Medicare-eligible individuals who are vested in the Tennessee Consolidated Retirement System (TCRS) may also apply for the Medicare Supplement Plan*** for retirees upon leaving active state coverage.
- A table comparing premiums for VBP COBRA (months 1-6) and standard COBRA (months 7-18) will be available at the information sessions. You will want to pick one of these up if you are not receiving the \$3,000 cash payment to assist in the transition to Medicare.

Be advised that under no circumstances can retirement coverage be enrolled until the retiree is receiving a monthly TCRS pension check.

Other Insurance and Benefits

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 - Optional Life Insurance
 - Long-Term Care Insurance
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 - Contact Information for Medicare
 - You will also find information about the Flexible Benefits Program, including a Reimbursement Request Form.
 - You will find information about the Deferred Compensation program
- If you have any questions about you insurance benefits, please call the Benefits Administration Service Center, toll free at (800) 253-9981 or (615) 741-3590, Monday-Friday 8:00 a.m. to 4:30 p.m. CDT, or email your questions to retirement.insurance@tn.gov.

**Voluntary Buyout Program
Benefits Resources (Quick guide)**

Basic Term Life Insurance	You can buy a conversion policy. Minnesota Life will notify you, or you can call them.	1(866) 881-0631
Optional Term Life Insurance	Minnesota Life will notify you about continuing your coverage, or you can call them.	1(866) 881-0631
Optional Universal Life Insurance	Unum will notify you about continuing your coverage, or you can call them.	1(866) 298-7636
Long-Term Care Insurance	To continue coverage, call MedAmerica Insurance	1(866) 615-5824
Deferred Compensation—401(k) or 457	Empower Retirement Services	1(800) 922-7772 Option 2
Flexible Benefits Reimbursement Accounts	Tennessee Treasury Department	1(877) 681-0155
Medicare	www.medicare.gov	1(800) 633-4227
Dental Benefits	Assurant Employee Benefits—Prepaid Dental	1(800) 443-2995
	Delta Dental—PPO Dental	1(800) 223-3104
Health Benefits	Blue Cross Blue Shield of Tennessee	1(800) 558-6213
	CIGNA Healthcare	1(800) 997-1617
TN SHIP	Free Medicare information and counseling	1(877) 801-0044

Timeline for VBP Applicants

Application Period	
May 28, 2015 to July 17, 2015	<ul style="list-style-type: none">❖ Participate in Help Sessions (optional)❖ Submit application no later than 7/17/15❖ Submit Revocation of Application (if desired; optional) no later than 7/24/15
Review of the Applications by State	
July 20, 2015 to July 24, 2015	<ul style="list-style-type: none">❖ Applications accepted based on seniority and agency reduction targets❖ Applicants notified of acceptance 7/24/15
Voluntary Separation and Incentive Payments	
July 31, 2015 to August 31, 2015	<ul style="list-style-type: none">❖ Voluntary Separation Date 7/31/2015❖ Signed Waiver due on Voluntary Separation date 7/31/15❖ Submit Revocation of Waiver within 7 calendar days of submitting the signed Waiver (if desired; optional)❖ Payment of Cash Incentives to all accepted participants with signed Waivers by 8/31/15

VBP Employee Planning Worksheet

Where to Find Information		Amount
One-Time Income		
Estimated Cash Benefit from VBP	Amount from letter \$_____ multiplied by 0.6735 (As required by federal law, the payment will be subject to federal taxes (25%), as well as FICA (6.2%), and Medicare taxes (1.45%), for total deductions of 32.65%)	\$
Estimated unused, accrued annual leave and compensatory time	See your pay stub or check with your timekeeper for the number of hours accrued. Multiple number of hours by your hourly rate \$_____ and multiply amount by 0.6735 (As required by federal law, the payment will be subject to federal taxes (25%), as well as FICA (6.2%), and Medicare taxes (1.45%), for total deductions of 32.65%)	\$
Flexible Benefits Account	Remember to submit receipts for reimbursement for expenses incurred as of your Voluntary Separation Date You can view the Flexible Benefits Participant Guide at www.treasury.state.tn.us/flex/FlexParticipantGuide.pdf Download a Flexible Benefits Reimbursement Request at: www.tn.gov/treasury/flex	\$
Estimated Total		\$
Potential Retirement Income		
Estimated TCRS Benefit	Benefit Estimate included with letter	\$
Estimated Social Security Benefit	Social Security Retirement Planner: www.socialsecurity.gov/retire2 Review annual statement from Social Security. To request: www.secure.ssa.gov/app6z.iss/main	\$
Estimated 401(k) and/or 457 Benefit	Call Empower Retirement Services at 1(800) 922-7772, Option 2 for more information about your options. Income from these accounts is taxable in the year received. Generally, if you are under age 59 ½, you may pay a 10% federal penalty tax for early withdrawal from your 401(k).	\$
New Job (full or part-time)	Go to www.socialsecurity.gov to determine how much you can earn before it affects your social security benefit.	\$
Estimated Total		\$

Where to Find Information		Amount
Health Insurance Cost		
Current Health Insurance Cost	Check your pay stub or go to: www.tn.gov/finance	\$
COBRA cost:	For premium amounts, please visit www.tn.gov/finance <i>Insurance & Benefits can be found under the "looking for" drop down menu toward the top of the page and also under the "Employee Resources" section</i> Cost for first 6 months will be the same as current premium Cost for months 7-18 will equal 102% of the full premium *Premium rates may change as of January 1, 2016	\$
Dental and Vision Insurance	Please go to the above website for premium amount	\$
Retiree Health Insurance	Please go to the above website for premium amount. *The amount you pay will depend on your years of service	\$
Medicare Supplement	Please go to the above website for premium amount. You will find other information at this site as well about the Medicare Supplement plan, also known as <i>The Tennessee Plan</i> or POMCO *The amount you pay will depend on your years of service and dependents.	\$
Medicare	Please go to www.medicare.gov for more information or call 1(800) MEDICARE (1(800) 633-4227))	\$
Estimated Health Insurance Costs		\$
Other Insurance Benefits		
Long-Term Care Insurance	You continue to pay 100% of cost. To continue coverage, call MedAmerica Insurance at 1(866) 615-5824	\$
Basic Term Life Insurance	You can buy a conversion policy. Minnesota Life will notify you, or you can call them for information at 1(866) 881-0631	\$
Optional Term Life Insurance	Minnesota Life will notify you about continuing your coverage, or you can call Minnesota Life at 1(866) 881-0631 for more information	\$
Optional Universal Life Insurance	Unum will notify you about continuing your coverage, or you can call Unum at 1(866) 298-7636 for more information	\$
Estimated Other Insurance Costs		\$

Where to Find Information		Amount
Tuition/Educational Assistance		
Higher Education Courses	Two years of tuition is available for individuals who want to return to school or complete a post-graduate degree. The application and participating institutions are located on the Tennessee Student Assistance Corporation website here: https://admincms.tn.gov/collegepays/article/voluntary-buyout-program-tuition-assistance-benefit	N/A
GED Courses and Tests	If you want to take the GED or High School Equivalency Test, Adult Education Services has resources here: www.tn.gov/labor-wfd/AE/index.shtml	N/A
Non-Monetary Resources		
Career Centers	Receive career counseling services, such as job fairs, access to job openings, networking, and job readiness workshops To find the nearest Career Center, please go to: www.state.tn.us/labor-wfd/cc	N/A
Employee Assistance Program (EAP)	If you are not eligible for and/or do not elect COBRA continuation coverage, you may use EAP for 3 months after your voluntary separation date. If you are eligible for and elect COBRA continuation coverage, you may use the EAP for the period you are covered by COBRA Call toll free any time of day or night at HERE4TN or 1(800) 437-3486 Visit the EAP website at www.here4tn.com	N/A
Benefits Administration Service Center	Call toll free 1(800) 253-9981 or (615) 741-3590, Monday-Friday, 8:00 a.m. to 4:30 p.m., or visit the website at www.tn.gov/finance	N/A
VBP Call Center	Call toll free 1(844) 430-7679 or (615) 770-1973, Monday-Friday, 8:00 a.m. to 4:30 p.m., or email Voluntary.Buyout@tn.gov After August 31, 2015, please call the Benefits Administration Service Center	N/A

Please note: if you are retiring and do not intend to find another job, you may save on a variety of expenses of associated with work, such as commuting, clothing, meals, taxes, and any money you had deducted each paycheck for your 401(k) or 457 account.



STATE OF TENNESSEE
TENNESSEE STUDENT ASSISTANCE CORPORATION
SUITE 1510, PARKWAY TOWERS
404 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0820
(615)741-1346 • 1-800-342-1663 • FAX (615)741-6101
www.tn.gov/collegepays

Voluntary Buyout Program Tuition Assistance

GUIDELINES

- The program will provide funds to be used toward the payment of tuition and mandatory fees only. Books and other fees (i.e. athletic fees, parking fees) are not covered.
- Students will be required to complete a new application from the Tennessee Student Assistance Corporation (TSAC) each term.
- This benefit is not transferrable or redeemable for the cash equivalent.
- This benefit is available for a two-year period beginning when an employee is separated due to a Voluntary Buyout Program (VBP), as long as the tuition assistance does not exceed \$7,800 in any year or the \$15,600 maximum.
- Benefits must be used at a Tennessee public community college, university or Tennessee college of applied technology. Benefits may not be used at private or proprietary institutions.
- Funds will be paid to the postsecondary institution on behalf of the student.
- Students attending on-line courses through an eligible institution are eligible for payment.
- Employees who are not Tennessee residents are eligible and are subject to the maximum award of \$7,800/year.
- Students attending multiple institutions must complete a separate application for each institution.
- All types of courses are eligible for payment. Students are not required to be in a degree or certificate program.
- Benefits will not be reduced because of other financial aid.

PROCESS

1. The student must complete the TSAC Tuition Assistance Application and submit to TSAC before the end of the term.
2. TSAC will provide an electronic roster to the institution's bursar's office or business office. The bursar/business office will complete the roster and return it to TSAC after the refund period.
NOTE: For summer semesters, billing must be returned to TSAC no later than June 30.
3. TSAC will send the funds and roster to the bursar/business office with a copy to the financial aid office.



STATE OF TENNESSEE
TENNESSEE STUDENT ASSISTANCE CORPORATION
SUITE 1510, PARKWAY TOWERS
404 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0820
(615)741-1346 • 1-800-342-1663 • FAX (615)741-6101
www.tn.gov/collegepays

**Voluntary Buyout Program
TSAC Tuition Assistance Application**

Please Print and Complete All Information.

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Social Security Number: _____ - _____ - _____

Date of Birth ____ / ____ / ____

Employee Dates of Service: From: ____ / ____ / ____ To: ____ / ____ / ____

Educational Goal (Check One)

Associate _____ Bachelors _____ Masters _____ Doctorate _____

Vocational/ Technical _____ Apprenticeship _____ Other _____

Postsecondary Institution Name: _____

Enrollment Status: Full Time _____ Part Time _____ Number of Hours _____

Term Start Date ____ / ____ / ____ Term End Date ____ / ____ / ____

Tuition Status (Check One) In-State _____ Out-of-State _____

I certify that the information provided above is complete and accurate.

Printed Name

Date

Signature

Please include a copy of your Separation Notice with your initial application.
If you have questions regarding the tuition assistance program or financial aid, please
contact TSAC at (615)741-1346 or toll free at 1-800-342-1663.

SA-0356

STATE OF TENNESSEE

Tuition Assistance Eligible Schools

Austin Peay State University (003478)	TCAT Hohenwald (014126)
Chattanooga State Community College (003998)	TCAT Jacksboro (010700)
Cleveland State Community College (003999)	TCAT Jackson (013895)
Columbia State Community College (003483)	TCAT Knoxville (004025)
Dyersburg State Community College (006835)	TCAT Livingston (005353)
East Tennessee State University (003487)	TCAT McKenzie (005352)
Jackson State Community College (004937)	TCAT McMinnville (005307)
Middle Tennessee State University (003510)	TCAT Memphis (005360)
Motlow State Community College (006836)	TCAT Morristown (013891)
Nashville State Community College (007534)	TCAT Murfreesboro (014543)
Northeast State Community College (005378)	TCAT Nashville (013968)
Pellissippi State Community College (012693)	TCAT TTC Newbern (005283)
Roane State Community College (009914)	TCAT Oneida/Huntsville (009710)
Southwest Tennessee Community College (010439)	TCAT Paris (013943)
Tennessee State University (003522)	TCAT Pulaski (009464)
Tennessee Technological University (003523)	TCAT Ripley (012164)
TCAT Athens (005358)	TCAT Shelbyville (005379)
TCAT Chattanooga (003998-01)	TCAT Whiteville (014304)
TCAT Covington (005280)	University of Memphis (003509)
TCAT Crossville (004026)	University of Tennessee Health Science (006725)
TCAT Crump (005357)	University of Tennessee, Chattanooga (003529)
TCAT Dickson (013955)	University of Tennessee, Knoxville (003530)
TCAT Elizabethton (005281)	University of Tennessee, Martin (003531)
TCAT Harriman (013894)	Volunteer State Community College (009912)
TCAT Hartsville (013893)	Walters State Community College (008863)

**DEFERRED COMPENSATION PROGRAM
401(K) AND 457 PLANS**

Information and Contacts:

Website: www.treasury.state.tn.us/dc

Empower Phone Number: 1-800-922-7772, option 2.

Q: If I take the buyout, how do I deal with my 401(k) and 457 accounts?

Each individual has different circumstances to consider. Age, outstanding 401(k) loans, other resources, and taxes will affect your choices differently. You may refer to www.treasury.state.tn.us/dc for a wealth of information. Please share the site with your tax advisor as well. Empower Retirement Services may assist you with your 401(k) and 457 plans. You may reach them by phone at 1-800-922-7772, select option 2.

Q: What may I do with my 401(k) and 457 accounts?

You are not required to transfer or cash out your deferred compensation accounts if you terminate or retire. You may leave your account in the State plan and arrange for disbursement when you decide you are ready. Required minimum distributions must begin the year you turn 70 ½ years of age.

After separation, if you choose to take a disbursement from your account there are a number of methods available to you. Full, partial, and periodic disbursements are options to consider. Please note that your distribution will be taxed unless transferred to another qualified account. Generally, if you are younger than 59 ½, there is a 10% penalty in addition to paying taxes on the 401(k) distribution.

Q: What happens to my 401(k) loan balance if I take the buy out?

You will need to make arrangements to pay off your loan to avoid adverse tax consequences and possible early withdrawal penalties. Contact Empower and ask for the payout amount on your loan. You may call 1-800-922-7772 to speak with a representative.

Q: If I take the buyout can I defer my separation incentive payment?

No, the incentive payment does not qualify for the tax advantaged deferral. You may not defer the incentive payment to the 401(k) nor to the 457 plans.

Q: May I continue to access my 401(k) or 457 accounts on line after I separate from service?

Yes, you are encouraged to monitor your account, get statements online, and to adjust your investment options through your online account access. You may also verify your beneficiary and address data online. These features are available to all participants online even after separation from service. Access the Empower site through the state's deferred compensation site at www.treasury.state.tn.us/dc .

Q: Why should I keep my 401(k) or 457 accounts in the State Deferred Comp Program?

You may choose to take action at your own pace. There is no need to hurry or to take immediate action with your 401(k) and 457 accounts unless you separate from service and are at least age 70 ½ this year. The fees in the State Plan are low due to the high volume and size of our plans. There are many investment options available to you in the plan. Salesmen will not call and pressure you to do anything with your funds. Empower does not benefit based on your selection of funds. Information is updated on the web site regularly. The State will continue to work to keep costs low on behalf of all participants.

We suggest this transition decision be made after adjusting to other life changes and depending on age. A gradual process may give a better idea of the amount needed. There are no mandatory disbursements until the year you reach age 70 ½.

Q: What might I consider before transferring funds out of my 401(k) and 457 accounts?

Consider your time horizon. Your choices may be very different if you retire or plan to work another twenty years. Consider the investment product that you will use. Study the fees. Compare the fees and rates of return. Request and obtain a written description of fees: for investment option operating expenses, administration, transactions such as withdrawals, transfers, recordkeeping, investment expense, and other. Fees outside of our large plan could be higher.

FLEXIBLE BENEFITS PLAN

Information and Contacts:

Website: www.tn.gov/treasury/flex

Phone Number: 1-877-681-0155 (Toll free)

Q: Can I still use the Flexible Benefits program once I leave State Government?

Because you must be an active employee to participate in the Flexible Benefit Plan, all of your medical, dependent care, transportation, and parking expenses must have a date of service prior to separation.

For any expenses you accrued prior to your voluntary separation date, you may submit your receipts for reimbursement at any time prior to the end of the plan year which is December 31, 2015.

Contact Flexible Benefits at 1-877-681-0155 or Flexible.Benefits@tn.gov for more information.

Q: Where can I get the Flexible Benefits Forms?

All forms (medical, dependent care, transportation, and parking) can be found at the following website: www.tn.gov/treasury/flex



FLEXIBLE BENEFITS PLAN YEAR _____
REIMBURSEMENT REQUEST FOR
MEDICAL EXPENSES AND
DEPENDENT CARE EXPENSES

State of Tennessee Treasury Department
 502 Deaderick Street
 Nashville, TN 37243-0228
 1-877-681-0155 (phone) or 615-401-6815 (fax)
 Email: Flexible.Benefits@tn.gov
 www.tn.gov/treasury/flex

Be sure to read the instructions on the back of this form before completing. Please print or type. Requests can be mailed, faxed or scanned and emailed to the Flexible Benefits Office. Keep a copy for your records.

PARTICIPANT INFORMATION

Name _____ Edison ID # _____ Social Security # _____
 Email Address _____ Daytime Phone # _____ Department _____

UNREIMBURSED MEDICAL EXPENSES

Service Received* Month/Day/Year	Name of Service Provider **	Amount	Service Received* Month/Day/Year	Name of Service Provider **	Amount
1.			5.		
2.			6.		
3.			7.		
4.			8.		
Total Requested					\$ 0.00

FOR TREASURY USE ONLY

Service From	Service To	Submitted Amount	Denied Amount	Total Amount Paid
		\$	\$	\$

DEPENDENT DAY CARE EXPENSES

Dependent's Name	Age	Date(s) Service Received* Month/Day/Year	Service Provider ** Type of Service	Provider's Tax ID or SSN	Amount
1.					
2.					
3.					
4.					
Total Requested					\$ 0.00

FOR TREASURY USE ONLY

Service From	Service To	Submitted Amount	Denied Amount	Total Amount Paid
		\$	\$	\$

* Use the date the service was received, not the date you paid for it. If service was received on more than one day, show the beginning date and the ending date.
 ** Provider is defined as the name of a hospital, doctor, dentist, drugstore, day-care center, special school, etc.

The undersigned participant certifies the following:
 ♦ The expenses have not been reimbursed and are not reimbursable under any other health plan coverage.
 ♦ The undersigned fully understands that he/she alone is fully responsible for the accuracy of all information relating to this claim and that unless an expense for reimbursement is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, and FICA tax on amounts paid from the Plan which relate to such expense.

Signature

Date

Attach photocopies of receipts from your service provider. If the expense was covered by insurance, submit a copy of your Explanation of Benefits (EOB) from your insurance provider.

INSTRUCTIONS FOR REIMBURSEMENT REQUESTS

General Instructions:

- Please include your eight digit Edison Employer ID number. This is not your Edison User ID nor your Edison password.
- You may not request reimbursement until the service has actually been received, regardless of when you pay for it.
- All expenses claimed must be incurred during your period of coverage. It is not when you pay an expense, but when you incur it that makes it eligible for reimbursement. An expense is "incurred" when you are actually provided with the service that gives you the expense, not when you are formally charged for, billed for, or when you pay for the service.
- If you are making multiple payments for a single service, send your statement showing date of service and total amount due with your first reimbursement request.
- If date of service begins in one plan year and ends in the next plan year, a separate reimbursement form for each year is required.
- Any unused year-end balance in your reimbursement account may not be carried over to the next plan year. It will be forfeited to the state and used to pay administrative costs of the FSA Program.
- You have 90 days after the end of the plan year to submit claims for expenses incurred during your period of coverage.
- Be sure to sign and date the form.
- Expenses reimbursed through a reimbursement account may not be claimed on your income tax return.
- If your state paycheck is deposited directly into your bank account, your reimbursement payments will also be deposited directly to your bank account. If you are not enrolled in the state's direct deposit program, your reimbursement payments will be mailed to you.

Additional Medical Expense Reimbursement Account Instructions

- Attach photocopies of receipts from your service provider if the expense is not covered by insurance. If the expense would normally be covered by insurance, you need only submit a copy of your Explanation of Benefits from your insurance provider.
- Medically necessary orthodontia is considered an ongoing service whose expenses are reimbursable while the appliances are in place. Reimbursement of monthly (or contractual) payments is eligible until the appliances are removed.

Additional Dependent Care Reimbursement Account Instructions

- Dependent care reimbursement requests must be submitted with receipts from the provider with the name, address, and tax ID number (or social security number) of the provider. Requests cannot be processed without this information.
- Dependent care expenses claimed must have been incurred to allow you (if single) or you and your spouse (if married) to work or look for work, or because your spouse is a full-time student or incapable of self care.
- If your dependent care request exceeds your balance, the remaining portion of the reimbursement will be held until your next payroll deduction.

State of Tennessee
Flexible Benefits Plan
Treasury Department
502 Deaderick Street
Nashville, Tennessee 37243-0228
1-877-681-0155 (phone) or 615-401-6815 (fax)

INSTRUCTIONS FOR REIMBURSEMENT REQUESTS

- Please include your eight digit Edison employee ID number. This is not your Edison user ID nor your Edison password.
- You may not request reimbursement until the service has actually been received, regardless of when you pay for it.
- All expenses claimed must be incurred during your period of coverage. It is not when you pay an expense, but when you incur it that makes it eligible for reimbursement. An expense is "incurred" when you are actually provided with the service that gives you the expense, not when you are formally charged for, billed for, or when you pay for the service.
- If you are making multiple payments for a single service, send your statement showing date of service and total amount due with your first reimbursement request.
- If date of service begins in one plan year and ends in the next plan year, a separate reimbursement form for each year is required.
- Be sure to sign and date the form.
- Expenses reimbursed through a reimbursement account may not be claimed on your income tax return.
- If your state paycheck is deposited directly into your bank account, your reimbursement payments will also be deposited directly to your bank account. If you are not enrolled in the state's direct deposit program, your reimbursement payments will be mailed to you.
- For both Transportation and Parking Accounts, you can only be reimbursed up to the current balance of your account. If your request exceeds your balance, the remaining portion of the reimbursement will be held until your next payroll deduction.
- The maximum expense you can incur during a calendar month is \$130.00 for a Transportation Account and \$250.00 for a Parking Account. Even if your account has a higher balance, these are the maximums you will be reimbursed.
- You can submit multiple months on a single form, but the maximum monthly expense limit will be applied.

State of Tennessee
Flexible Benefits Plan
Treasury Department
502 Deaderick Street
Nashville, Tennessee 37243-0201
1-877-681-0155 (phone) or 615-401-6815 (fax)



FLEXIBLE BENEFITS PLAN ENROLLMENT – TRANSPORTATION AND PARKING

State of Tennessee • Department of Finance and Administration • Benefits Administration
19th Floor, William R. Snodgrass TN Tower • Nashville, Tennessee 37243 • 615.741.3590 or 1.800.253.9981 • Fax: 615.741.8196

Complete this form only if you wish to participate in the transportation or parking flex accounts.

EMPLOYEE INFORMATION				
Last Name	First Name	Middle Initial	Social Security Number	
Home Address		City	State	Zip Code
Department Name		Dept ID / Budget Code	Date Hired	Employee ID (if known)
Work Phone	Payroll Frequency (paychecks per year) <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> Other _____		Enrollment Status <input type="checkbox"/> Enroll <input type="checkbox"/> Change Deduction <input type="checkbox"/> Stop Account	

REIMBURSEMENT ACCOUNT ENROLLMENT

Indicate the amount you wish to contribute to a reimbursement account through tax-free salary reduction by completing the sections below. If you have questions, contact your personnel office for additional literature or you may call 615.741.3131.

Transportation Reimbursement Account	Parking Reimbursement Account
Maximum allowable contribution is \$130 per month	Maximum allowable contribution is \$250 per month
Monthly Payroll Deduction: If you are paid semi-monthly, this amount will be divided between your paychecks.	Monthly Payroll Deduction: If you are paid semi-monthly, this amount will be divided between your paychecks.
\$ _____	\$ _____

AUTHORIZATION

- Transportation and Parking Accounts do not have an annual enrollment period. I understand the amount selected will remain in effect until I either change the elected amount or notify Benefits Administration to terminate my account.
- I hereby authorize my employer to reduce my gross salary before federal, state and social security taxes are calculated by the total amount of annual salary reduction indicated above. I understand that the amount of salary reduction will include the items specified above and will continue in effect unless I file a change in deduction.
- I understand that on June 30, any remaining balance from the previous year will automatically roll into an active account of the same type. If there is not a current account, remaining balances from the previous year will be forfeited.
- I understand and agree that the state will not incur any liability resulting from either my participation in or my failure to accurately complete this enrollment application.

Employee Signature	Date Signed
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Return this application to your human resource office after making a copy for your records.
For questions regarding enrollment, please call Benefits Administration at 615.741.3590 or 1.800.253.9981.
For questions regarding reimbursement requests, please call the Department of Treasury at 615.532.3170 or 1.877.681.0155.

**Retirement Application
for Service or Early
Retirement Benefits**

TENNESSEE CONSOLIDATED RETIREMENT SYSTEM
502 Deaderick Street
Nashville, Tennessee 37243-0201
1-800-770-8277 <http://tcrs.tn.gov>



Refer to pages 5 and 6 for detailed instructions.
Do NOT complete this form if you are applying for disability retirement benefits.

Section 1. Member Information

To be completed by the Applicant.

Member SSN	Date of Birth	
Full Name		
Mailing Address		
City	State	Zip Code
Email	Home Phone	
Last Employer (Department or Institution Name)		
Title of Position	Date Employment Terminated	
Date of Retirement	<input type="radio"/> 55th Birthday	<input type="radio"/> 60th Birthday
	<input type="radio"/> Day After Last Paid Day	<input type="radio"/> Other

Section 2. Payment Plan Election

You may choose only one payment plan. *Selecting more than one payment plan will result in the application process being delayed.*

SINGLE LIFE ANNUITY PLANS - Any remaining balance of your accumulated contributions and interest will be paid to the surviving designated beneficiary in a lump sum in the event of your death.

- REGULAR/MAXIMUM PLAN** - Monthly benefit payable to you for your lifetime with all benefits ceasing at death.
- SOCIAL SECURITY LEVELING** - An increased benefit until you reach age 62. Beginning the month after your 62nd birthday, your benefit from the TCRS will be reduced, at which time you will also become eligible for Social Security benefits. This benefit will be payable to you for life with all benefits ceasing at death. This retirement plan requires a benefit estimate from the Social Security Administration that has been done within a year of your date of retirement from TCRS.

SURVIVOR OPTIONS- Your monthly benefit will be reduced from the regular/maximum plan. In the event of your death, your designated beneficiary will receive:

- OPTION I** - Monthly benefits equal to yours for your beneficiary's lifetime. Should your beneficiary die before you, your reduced monthly allowance will remain the same.
- OPTION II** - Monthly benefits equal to 50% of yours for your beneficiary's lifetime. Should your beneficiary die before you, your reduced allowance will remain the same.
- OPTION III** - Monthly benefits equal to yours for your beneficiary's lifetime. Should your beneficiary die before you, your allowance will revert to the amount you would have received under the Regular/Maximum plan.
- OPTION IV** - Monthly benefits equal to 50% of yours for your beneficiary's lifetime. Should your beneficiary die before you, your allowance will revert to the amount you would have received under the Regular/Maximum plan.

Section 3. Beneficiary Information

As recipient of the benefit plan selected in Section 2, I designate the following beneficiary (**one beneficiary or estate required regardless of plan selected**). If no beneficiary is selected, TCRS will assume a beneficiary election of Estate if you choose a single-life annuity plan.

Full Name		
Mailing Address		
City	State	Zip Code
Beneficiary's Date of Birth	Beneficiary's SSN	
Relationship to TCRS Member	Gender	<input type="radio"/> Male <input type="radio"/> Female

Section 4. Withholding Selection (select one)

A. I elect NOT to have income tax withheld from my pension.
Do not complete lines B or C if you choose this selection.

B. **OR**
I want the following TOTAL amount withheld from each payment
OR
I want the following PERCENTAGE withheld from each payment
Do not complete lines A or C if you choose this selection.

C. I want my withholding from each payment to be figured using the following filing status and exemptions:
Filing Status Single Married Married, but withholding at a higher single rate

C. Total Exemptions Claimed
In addition to the calculated deduction based on filing status and exemptions, I want the following additional amount withheld from each pension payment

Section 5. Member Signature

Under the penalties of perjury, I attest that as of the date of this application for retirement benefits, I am either a United States citizen or a qualified alien as described by 8 U.S.C. § 1641 (b). I acknowledge and understand that should I knowingly and willfully make a false, fictitious, or fraudulent statement or representation relative to my citizenship or immigration status, or conspire to defraud the state by securing a false claim allowed or paid to another person, I shall be liable under either The Tennessee Medicaid False Claims Act pursuant to Tenn. Code Ann. §71-5-181 – §71-5-185 or The False Claims Act pursuant to Tenn. Code Ann. §4-18-101 - §4-18-108 and may have a criminal action brought against me alleging a violation of 18 U.S.C. §911, which provides that whoever falsely and willfully represents himself to be a citizen of the United States shall be fined under this title or imprisoned not more than three (3) years, or both.

I also acknowledge that I have attached documentation proving said citizenship. Please see Section 5 instructions on pages 5 and 6 for a complete list of acceptable documentation.
Note, photocopies of the documents are acceptable, and any document submitted will not be returned to you.

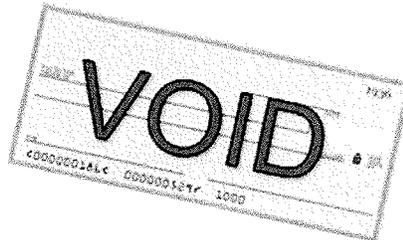
Member SSN	
Member Signature	Date

Section 6. Direct Deposit Information

Type of account Checking Savings Financial Institution

Routing Number Account Number

If you want your benefit directly deposited into a checking account, tape a voided, preprinted check in this box. You may cover the text with the voided check.



PLEASE NOTE: TCRS will no longer issue monthly retirement benefits by check after March 2013. If TCRS has not received your authorization to direct deposit your benefit payment by March 2013, a debit card will be issued and mailed to your home address and all future TCRS benefit payments will be made by adding your monthly benefit to the debit card balance.

Section 7. Employer Certification

This section must be completed by official department payroll personnel. If member has been out of service for more than 60 days, complete only sections F and G below.

	Member SSN																									
A.	Member's last paid date of service, annual leave, or sick leave:																									
B.	<p>Please list all individual payroll periods that the employee will be paid on for his/her last two months of service. If any salaries are estimated, indicate by marking "(Est)", and provide the actual payroll information as quickly as possible. Any longevity payments or career ladder payments should be itemized along with any payments made for sick leave, annual leave, vacation time, bonus pay, etc.</p> <p style="text-align: center;">Breakdown of Final Salary</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Month</th> <th style="width: 20%;">Payroll Period</th> <th style="width: 25%;">Type of Payment</th> <th style="width: 15%;">Amount</th> <th style="width: 25%;">Employee Contributions</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Month	Payroll Period	Type of Payment	Amount	Employee Contributions																				
Month	Payroll Period	Type of Payment	Amount	Employee Contributions																						
C.	<p>Please indicate the total salary for the current year and the portion of the year the salary represents.</p> <p>Current year salary: _____ Number of months included: _____</p>																									
D.	The service represented is: <input type="radio"/> Full time <input type="radio"/> Part time (percentage worked: _____)																									
E.	<p>The member is paid on:</p> <p style="margin-left: 40px;"> <input type="radio"/> Fiscal year (July 1-June 30) <input type="radio"/> Academic year (September 1-August 31) <input type="radio"/> Calendar year (January 1-December 31) <input type="radio"/> Other: _____ </p>																									
F.	<p>For those members who work less than 12 months per year, indicate the total number of days worked this year:</p> <p>A full year consists of: <input type="radio"/> 180 days <input type="radio"/> 200 days <input type="radio"/> 220 days <input type="radio"/> Other: _____</p>																									

G.	Please certify the unused sick leave this member had remaining effective <i>For employees who are Fire and Police, only certify days.</i>		
	Days:	OR	Hours:
	How many sick days did the employee accrue annually over the last 3 years?		This year: Last year: Prior Year:
Member SSN:			
Employer Signature:			
Employer Name (please print):			
Employer Address:			
Department:			
Email:		Phone number:	

When to File an Application for Retirement

Your application for retirement should be forwarded to TCRS **60 to 90 days** prior to your last paid day of service. The last paid day of service is either your last day of employment or the last day for which you are paid annual and/or sick leave. Your application cannot be filed more than 150 days prior to your last paid day of service. The appropriate form for continuation of medical insurance should accompany your retirement application. For eligibility requirements and questions regarding the continuation of insurance, please contact Benefits Administration at 800-253-9981.

Directions for Completing

Section 1-The date employment terminated is the last working day (including all annual and/or sick days) for which you are paid. The effective date of retirement is the day immediately following the last paid day or the first day of eligibility for benefits (i.e. 60th birthday). Payment will be made retroactive to your date of retirement not to exceed 150 days prior to receipt of the application in our office.

Section 2-You must select one benefit plan. If you choose the Social Security Leveling Plan, a certified estimate from the Social Security Administration of your Social Security benefits payable at age 62 must accompany your retirement application. This estimate should not be dated more than one year prior to filing your retirement application. Forms to obtain the proper type of Social Security estimate must be obtained from the Social Security Administration at 800-772-1213 or your local Social Security office.

Section 3-If you select the Regular/Maximum Plan or Social Security Leveling, you may designate one individual or your estate as beneficiary. If you select Option I – IV, you must designate one individual as beneficiary. **Proof of this beneficiary's birth date should be included.**

Section 4-TCRS benefits are subject to federal taxation. However, it is your choice whether to have federal income tax withheld from your TCRS pension. Before completing Section 4, please consult your tax preparer regarding the correct filing status and number of exemptions for your monthly pension. If you leave this section blank, we will automatically assign a status of married with three exemptions.

Section 5-**If you are a United States citizen and are applying for retirement benefits from TCRS through the submission of this application, you must provide one (1) of the following:**

- a valid driver's license or photo identification license issued by the Tennessee Department of Safety or a valid driver's license or photo identification license from another state where the issuance requirements are at least as strict as those in Tennessee, as determined by the Department of Safety;
- an official birth certificate issued by the United States or any of its territories; however, Puerto Rican birth certificates issued before July 1, 2010 shall not be recognized;
- a United States government-issued certified birth certificate;
- a valid, unexpired United States passport;
- a United States certificate of birth abroad (DS-1350 or FS-545);
- a report of birth abroad of a United States citizen (FS-240);
- a certificate of citizenship (N560 or N561);
- a certificate of naturalization (N550, N570 or N578);
- a United States Citizen identification card (I-197, I-179);
- any successor document to six items listed above; or
- a social security number that the Department may verify with the Social Security Administration.

If you are a "qualified alien" and are applying for retirement benefits from TCRS through submission of this application, you must provide two (2) forms of documentation of identity and immigration status as determined by the United States Department of Homeland Security to be acceptable for verification through the Systematic Alien Verification for

Entitlements ("SAVE") program (for the definition of a "qualified alien", please refer to 8 U.S.C. §1641). Common types of documents used to establish immigration status include, but are not limited to the following:

- I-327 (Reentry Permit);
- I-551 (Permanent Resident Card or "Green Card");
- I-571 (Refugee Travel Document);
- I-766 (Employment Authorization Card);
- Machine Readable Immigrant Visa (with Temporary I-551 language);
- Temporary I-551 stamp (on passport or I-94);
- Unexpired foreign passport;
- WT (visitor for business)/WB (visitor for pleasure) Admission Stamp in unexpired foreign passport;
- I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status – "student visa"); or
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status).
- Common types of documents used to establish identity include, but are not limited to the following:
 - Driver's license;
 - Identification card with photograph issued by federal, state or local government agencies or entities;
 - School identification card with photograph;
 - Voter's registration card;
 - United States military card or draft record;
 - Military dependent's identification card;
 - United States Coast Guard Merchant Mariners Document (MMD) Card;
 - Native American tribal document; or
 - Driver's license issued by a Canadian government authority.

Please note, photocopies of the above-referenced documents are acceptable. Documents submitted will not be returned to you. Your application must be signed and dated to be valid.

Section 6-Please attach a voided check OR provide your savings account information. As required by state law, TCRS monthly benefits will be deposited directly to the checking or savings account indicated on your retirement application. Payments will be available on the last working day of each month. You will be notified in writing of any changes made to the amount of your net benefit. All correspondence and year-end statements will be mailed to your home address. **TCRS will no longer issue monthly retirement benefits by check after March 2013. If TCRS has not received your authorization to direct deposit your benefit payment by March 2013, a debit card will be issued and mailed to your home address and all future TCRS benefit payments will be made by adding your monthly benefit to the debit card balance.**

Section 7-Submit your signed application to your employer to complete Section 7. Upon completion, the application should be returned to the Tennessee Consolidated Retirement System. If you have been out of service for more than 60 days, Items A-F Section 7 do not need to be completed; however, in order for you to be properly credited with your unused sick leave, Item G must be certified by your employer.

Acknowledgement-All applications will be acknowledged by letter after we receive them. If you do not receive an acknowledgment letter within two weeks, please contact Member Services at 800-770-8277.

If you should return to service on a part-time or full-time basis with an agency covered by the retirement system, you should notify TCRS to avoid an overpayment of retirement benefits.