

STATE OF TENNESSEE
OPTIONAL GROUP SPECIAL ACCIDENT PROGRAM ENROLLMENT CARD

Please Print

Full Name of Employee					Social Security Number		Agency Code		Hire Date		
Single <input type="checkbox"/>	Married <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Birthdate MM/DD/YY		Name of Beneficiary			Social Security Number		Relationship
If you wish to insure your eligible dependents, please provide the information requested below. See definitions at right.							Relationship Codes			Acquire Date	
Social Security Number		Name Last, First, Mi		Birthdate MM/DD/YY	Relationship Code	Sex	Acquire Date	Student	SP -legally married spouse CN -natural or adopted child CS -stepchild for whom you or your spouse has legal or joint custody CL -any child for whom you are the legal guardian CT -any child for whom you provide support and claim as a dependent on income tax		Date of marriage Date of birth or placement in home Date custody obtained Date appointed guardian Date you were able to claim child on federal income tax
								<input type="checkbox"/> Y <input type="checkbox"/> N			
								<input type="checkbox"/> Y <input type="checkbox"/> N			
								<input type="checkbox"/> Y <input type="checkbox"/> N			
								<input type="checkbox"/> Y <input type="checkbox"/> N			
								<input type="checkbox"/> Y <input type="checkbox"/> N			

Attach a separate sheet if more space is needed.

EMPLOYEE CHANGES

Change name from _____ to _____

Change beneficiary to _____ Relationship _____

Change type of coverage from _____ to _____
Single or Family

I wish to terminate coverage on myself.

I wish to terminate coverage on my dependent(s).
(List social security number(s) and name(s) in the space provided on the front of this card.)

Effective date of changes

Signature

Date

Return this card to your agency's insurance preparer.

I hereby authorize my employer to deduct from my salary (or wages) the required contribution for the Optional Special Accident Insurance for which I am, or may become, eligible under the group policy available to me as an employee of the State of Tennessee.

Signature

Date