

Go r m{ ggu'vj krlht o 'krl'q'dg'eqo rnygf 'ep{ 'lko g'vj gt g'krl'c'bj cpi g'lp'qyj gt 'eqxgt ci g'err rdecidg'vq{ qw'ht 'ep{ 'qhl' qwt 'eqxgt gf '' f gr gpf gpv'Qwt 'erko u'ef o lpkut cvqt 'y knicnq't gs wgu'vj krlht o 'hl'vj g{ 't gegkxg'c'erko 'epf 'j cxg'p'qv't gegkxg' 'qyj gt 'eqxgt ci g' kphqt o cvkqp'lt qo 'f qw'f wt lpi 'vj g'r tkt '34'b qpvy u' Rgcug' hnl'q'w'c'nler rdecidg'f ct w'hl'vj krlht o . 'hli p'c'pf 'f cvg'kx' 'epf 't gwt p'vq{ qwt '' j wo cp't guwt eguf gr ct vo gpv'

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Ugevkqp'K'Go r m{ gg'Kphqt o cvkqp''						
New/P co g	Htuw/P co g	O K	UqekriUgewt kx' P q0		F cvg'qhlDlt vj ''	I gpf gt ''
''	''	''	/''''''/''		1''''''1'	M F
J qo g'Cf f t gu''		Elx' ''		Ucvg'' \ lr''		Rj qpg'P wo dgt ''
''		''		''		()''
Eqngi g'ht 'Wpkxgt ulx' P co g''		Y j cv'krl' qwt 'b ct ksrilw'wua''			Y j cv'krl' qwt 'ewt t gpv'lqd'lw'wua''	
''	Z	Upi ng''- Complete Section III (if applicable)''			Z	Cevkxg''
	Z	O ctt lqf ''// Complete Section II and Section III (if applicable)''			Z	T gvt gf ''
	Z	F kxqt egf ''/'Complete Section III (if applicable)''			Z	F kcdngf ''
	Z	Y kf qy gf ''- Complete Section III (if applicable)''			Z	Qp'EQDT'C'6'Fill out Section IV: COBRA Information''
Ugevkqp'K'Ur qwug'Kphqt o cvkqp'' ''						
New/P co g	Htuw/P co g	O K	UqekriUgewt kx' P q0		''	
''	''	''	''	''	''	''
Krl' qwt 'lr qwug'go r m{ gf A''		P co g'qhl'Ur qwug'Go r m{ gt ''			Go r m{ gt 'Rj qpg'P q0'	
Yes No	''				()''	
F qgu' qwt 'lr qwug'j cxg'j genj '' eqxgt ci gA'''''''''' '' ''->		Yes No	Ct g' qw'eqxgt gf 'wpf gt 'lr qwug'rl r pA'' ''->->''		Yes No	Ekt erg'Eqxgt ci g'' V{ r g''-> '' ''
		Yes			Yes	Single
		No			No	Family''
P co g'qhl'Ur qwug'rl r p''		Cf f t gu'qhl'Ur qwug'rl r p''			Rr p'u'Rj qpg'P wo dgt ''	
					()	
Ugevkqp'K'K'F gr gpf gpv'Ej kf 'Kphqt o cvkqp''						
Ej kf ur/P co g		UqekriUgewt kx' '' P wo dgt ''		Dlt vj f cvg	I gpf gt ''	P cwt cilEj kf ''*P+' qt 'Ugr 'Ej kf ''*U+' F qgu'ej kf 'hkg'' y kxj 'f qwA
Last Name, First Name, M.I.		/''''''''''/''		1''''''1'	M F	N S
Last Name, First Name, M.I.		/''''''''''/''		1''''''1'	M F	N S
Last Name, First Name, M.I.		/''''''''''/''		1''''''1'	M F	N S
Last Name, First Name, M.I.		/''''''''''/''		1''''''1'	M F	N S
Last Name, First Name, M.I.		/''''''''''/''		1''''''1'	M F	N S
Krl' qw'ct g'f kxqt egf . 'f qgu' qwt 'ej kf 'hkg'y kxj 'j krl'ht 'j gt 'qyj gt 'p cwt cil' et gpvA''->						Yes No
Krl' kf 'f qgu'p'qv'hkg'y kxj 'f qw'ht 'qyj gt 'p cwt cil' r ct gpv.'r gcug'lr gelh' 'qyj gt 'hklpi 'ct t cpi go gpv<->''						''

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**Qvj gt 'Eqxgt ci g'kphqt o c'kqp'/'
Rci g'4''**

Ugevkqp'K<Qvj gt 'Pcwt en Rct g'p'kphqt o c'kqp'/'If you are divorced and have a child, please enter other natural parent's information."						
Ncu/Pco g	Htu/Pco g	O K	UgekcilUgewt kw{ 'P q0	F cvg'qhDkt vj "		
"	"	"	"	"	"	"
J qo g'Cf f t gu'	Ekw{ "		Ucv g'"	\ k "	Rj qpg'P wo dgt "	
"	"		"	"	()"	
Ræeg'qhGo r m{ o gpv'	Go r m{ gt 'Cf f t gu'		Go r m{ gt 'Rj qpg'P q0'			
"	"		()"			
Rgcug't t qxl f g'vj g'hqmy lpi 'v'vj g'J wo cp'T guqwt eguf gr ct wo gpv'c'v' qwt 'kpmkwkqp "						
30'A copy of that portion of your divorce decree that mandates which party is to provide coverage for medical care for this dependent.						
40'If this issue is <u>not</u> specified in your divorce decree, you <u>must</u> provide either (1) A copy of the legal assignment of Medical Care provided by a court QT*2) A notarized statement that you are principally responsible for the medical care of this dependent child.						
Kægt vkt 'vj cv'vj g'bdq'k'k'eqo r igv'lc'vgo gpv'qh'vj gt 'b gf leclæct gæq'gt ci g'cxckædg'ht 'vj g'bdq'gf gr gpf gp0'						
"						
"						
Uli pcwt g'qhGo r m{ gg<*****'(Divorced Parent Signature Only)						
"						

Ucvgo gpv'qhCeewt ce{ <'Kj gt gd{ 'æpht o 'vj cv'cnlphqt o c'kqp'f t qxl f gf 'k'eqo r igv.'cæwt cvg'æpf 't wj hwt''''

Go r m{ gg'Uli pcwt g<'aa*****'F cvg<'aaaaaaaaaaaaaaaaaaaaa''

VQ'DG'E QO R N G V G F 'D [' J W O C P 'T G U Q W T E G U Q P N ["

Human Resources Department, fill in the information below and fax or mail to:
VÆWC'Dgpghs'Eqpuqt v'wo , 1031 17th Avenue South, Nashville, TN 37212, Tel. (615) 292-3535, Fax (615) 292-3933.

I t qwr 'P q0	F cvg''	Go r m{ gt 'Egt vkt c'kqp<Kægt vkt 'vj cv'cnl'vj g'kphqt o c'kqp'' kpenf gf 'qp'vj k'ht o 'k'æwt t gpv'æpf 'æqt t ge v'vj g'æg'qh' b { " npqy r g i g0→"	Go r m{ gt 'Uli pcwt g
"	"		"