

THE UNIVERSITY OF TENNESSEE
NON-GME RESIDENT REQUEST FOR CIGNA BENEFITS

Qualifying Event Reason: _____

Effective Date: _____

Hire Date: _____

College: Post-Doc Dentistry Veterinary Pharmacy

Training Program: _____

City of Training Program: _____

Employee Demographics:

Last Name: _____

First Name: _____

Social Security #: _____

Date of Birth: _____

Gender: _____

Phone #: _____

Address: _____

Email Address: _____

Please email this request to Meagan Sneed with Holland Insurance, Inc.

msneed@hollandinsuranceinc.com and gme@uthsc.edu

You will then be emailed a link to go to www.bernieportal.com for your online benefit enrollment.