

Knox County Government / Court South Membership Agreement
Return to Knox County Human Resources, Suite 360, CCB
Fax: 865.215.2474 Ph: 865.215.2321

Human Resources Use Only

Lawson #:
of pay periods:
Start Deductions:
Membership Effective Date:

Select Line that applies:

- ___ New Membership Agreement, Open Enrollment
- ___ New Membership Agreement, New Hire
- ___ New Membership Agreement: Other reason: _____
- ___ Cancellation of Agreement due to termination of employment
- ___ Change: (list change) _____
- ___ Other: _____

Employee Information:

First Name: _____ Last Name: _____ MI: _____

Work Phone #: _____ Home Phone #: _____ Fax #: _____ Email: _____

SS#: _____ Date of Hire: _____ Employee DOB: _____

Elected Official / Division you work for: _____ Department: _____

Select a PIN # or Phone # for entry into Court South Club: _____
All family members must use the same #

Are you a Bright Start Wellness Program Member? YES / NO comments: _____

Select Line that applies:

- ___ **Single Membership, \$ 25.00 Per Month**, payroll deducted as _____ per pay period
- ___ **Family Membership, \$ 45.00 Per Month**, payroll deducted as _____ per pay period

This plan/amount cannot be changed unless you have a valid qualifying event as determined by Knox County Benefits Department. You are agreeing to join for 12 months at this discounted rate.

Family Memberships: List Spouse & Dependents to be covered:

Relationship	Last Name	First Name	Date of Birth

I authorize Knox County to start payroll deductions in the amount described above. I understand that this amount cannot be revoked or changed unless approved by the Benefits Department at time of a valid qualifying event.

Signature of Employee: _____ Date: _____

06/15/06

