

Return Form Directly to:
 Knox County Human Resources Suite
 360, City County Building
 Fax: 865-215-2474

Knox County Government Health Enrollment Form Medical, Dental, & Vision 2008

400 Main Street, Suite 360
 Knoxville, TN 37902
 Questions? Email us at
 benefits@knoxcounty.org
 865-215-2321

EE# _____

PART 1 – EMPLOYEE INFORMATION

Select one: New Hire Qualifying Event Open Enrollment

Qualifying events require formal documentation and applicable legal documents attached to this form with date of event, reason for event, & list of all persons(s) affected by change. All changes must be submitted within 30 days of event, and approved by HR.

Last Name	First Name	Middle Name	Date of hire	Social Security Number
Date of birth	Street Address	City	State	Zip
Email Address (list work address as primary)	Elected or Appointed Official	Department	Daytime Phone	Evening Phone

PART 2 – HEALTH PLANS

MEDICAL (CIRCLE ONE BELOW)	DENTAL (CIRCLE ONE BELOW)	VISION THROUGH SPECTERA (CIRCLE YES OR NO)
CONSUMER	DELTA DENTAL	YES
SILVER TRADITIONAL	UNITED DENTAL	NO (DECLINE VISION COVERAGE)
GOLD TRADITIONAL	DECLINE ALL DENTAL COVERAGE	
CHOICE TRADITIONAL		
DECLINE ALL MEDICAL COVERAGE		

PART 3 – COVERED MEMBERS – THIS SECTION **MUST** BE COMPLETED FOR YOU AND EACH DEPENDENT YOU WANT TO COVER

Last Name	First Name	MI	Sex (M/F)	Birth Date	Social Security Number	Medical (circle one)	Dental (circle one)	Vision (circle one)
Employee						Yes No	Yes No	Yes No
Spouse						Yes No	Yes No	Yes No
Child						Yes No	Yes No	Yes No
Child						Yes No	Yes No	Yes No
Child						Yes No	Yes No	Yes No

Employee Signature: _____ Date: _____