

Return Form Directly to:
 Knox County Human Resources
 400 W. Main Street, Suite 360
 Knoxville, TN, 37902

Knox County Government Health Enrollment Form Medical, Dental, & Vision 2010

EE# _____

Eff date _____

PART 1 – EMPLOYEE INFORMATION

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.

Select one: New Hire Qualifying Event

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

Employee Signature: _____

Date: _____

Rev. 12/18/2009

Benefits Contact Information Phone: 215-2321, Email: benefits@knoxcounty.org, Website: www.knoxcounty.org/hr