

Human Resources Use Only

Fax: 865.215.2474 Ph: 865.215.2321

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

Select Line that applies:

- ___ New Membership Agreement, Open Enrollment
- ___ New Membership Agreement, New Hire
Date of Hire: _____
- ___ New Membership Agreement, Qualifying Event: _____
- ___ Change: (list change) _____
- ___ Other: _____

Employee Information:

First Name: _____ Last Name: _____ MI: _____
 Work Phone #: _____ Home Phone #: _____ Email: _____
 SS#: _____ Employee Date of Birth: _____
 Elected Official / Division you work for: _____ Department: _____

Select Line that applies:

- ___ Single Membership, \$29.00 Per Month, payroll deducted as \$14.50 per pay period
- ___ Single + 1 Membership, \$41.25 per month, payroll deducted as \$20.625 per pay period
- ___ Family Membership, \$56.00 Per Month, payroll deducted as \$28.00 per pay period

This plan/amount cannot be changed unless you have a valid qualifying event as determined by Knox County Benefits Department and Court South/National Fitness Center. Deductions will be taken out of 24 pay periods per year. **You are agreeing to join until June 30, 2012 at this discounted rate.**

Family Memberships: List Spouse & Dependents to be covered:

| Relationship | Last Name | First Name | Date of Birth |
|--------------|-----------|------------|---------------|
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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: _____

