

**Human Resources Use Only**

**Knox County Government / Court South Membership Agreement**

Return to Knox County Human Resources, Suite 360, CCB

Fax: 865.215.2474 Ph: 865.215.2321

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 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 and Court South. 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: \_\_\_\_\_

