

CURRENT PROVIDER:
Metropolitan Life
Insurance Co.

Life Insurance One Step Increase Change Form

(USE FOR OPEN ENROLLMENT ONLY)

Group Report No.: 135807

Sub Division: 0001

Branch: 0001

Knox County Government Employees, submit form to...

Knox County Retirement & Pension Board
City-County Building, Rm. 371
400 Main Street
Knoxville, TN 37902-2409
(865) 215-2323 • (865) 215-2421 (fax)

A. Transaction Information

1. Enrollment Information Date of Hire:	2. Employee Coverage Supplemental Life (Paid by Employee)	3. One Step Change Effective Date of Change: 1/1/2010
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B. Employee Information – Please Print all Information

1. Employee Soc. Sec. No.	2. Employee Name (Last, First, M.I.)	3. Birthdate (MM/DD/YYYY)	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Telephone Numbers Home: Work:	6. Employee No.
7. Employee Address (Number, Street, Apt. No.)				9. Occupation/Title	
8. City, State, ZIP Code				10. Department	

Special Remarks	
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Employee Supplemental Coverage Amounts – May increase one step during open enrollment*

\$20,000 \$30,000 \$45,000 \$60,000 \$75,000 \$90,000 \$105,000

(*To confirm your current Supplemental Life coverage, contact the Retirement Office at (865) 215-2323)

C. Certification – Signatures Required

1. Employee Signature (Required)	Date	2. Employer Signature (Required)	Date