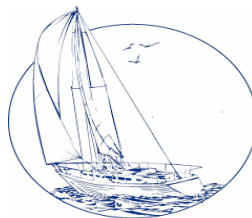


# Knox County Retirement & Pension Board

City-County Building, Room 371  
 400 Main Street  
 Knoxville, Tennessee 37902-2401  
 Phone: (865) 215-2323 Fax: (865) 215-2421



## Medical Expense Retirement Plan Enrollment / Change Form

Employee #: \_\_\_\_\_

### Part 1 - Employee Data

Employee Full Name: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security No.:		Division: <input type="checkbox"/> County <input type="checkbox"/> Schools	
Street:		Date of Birth:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	
City:		State:	Zip:	Daytime Phone:	
				Date of Hire:	

### Part 2 - Voluntary Post-Tax Contributions (Amount Change is not required if you are only making a beneficiary change)

Enrollment  Change (Amount and/or Beneficiary)  Stop Deduction

If you wish to make voluntary contributions through payroll deduction, please indicate the dollar amount you wish to contribute each pay period or if you wish to stop your deductions please indicate:

Contribution Amount:

\$

To receive the maximum County match, you must contribute at least \$416 in total during each calendar year. You may contribute more or less (but not less than the Minimum Pay Period Contribution shown below). The Contribution to Receive Maximum Match shown below is the level amount you have to contribute each pay period throughout the year to earn the full County match.

Payroll Frequency	Minimum Pay Period Contribution	Maximum Pay Period Contribution (to maximize the match annually)
Bi-Weekly	\$8.00	\$16.00
Semi-Monthly	\$8.68	\$17.36
Monthly	\$17.34	\$34.68

### Part 3 - Designation of Beneficiary (Is not required if you are only making a contribution change)

Name:		Relationship:			
Check "P for Primary or "C" for Contingent	→	<input type="checkbox"/> P <input type="checkbox"/> C	Percentage:	SSN:	DOB:
Street Address:			City:	State:	ZIP:
Name:		Relationship:			
Check "P for Primary or "C" for Contingent	→	<input type="checkbox"/> P <input type="checkbox"/> C	Percentage:	SSN:	DOB:
Street Address:			City:	State:	ZIP:

**Important Note:** If you are divorced after June 30, 2007, any designation of your former spouse as beneficiary is automatically revoked as of the date of the divorce. You may again designate your ex-spouse as your beneficiary by filing a new, signed Beneficiary Change Form with the Retirement Office after the date of your divorce. If you were divorced prior to July 1, 2007, your divorce did not automatically revoke the designation of your ex-spouse as beneficiary; if you want to make a change, you must complete and file this form.

### Part 4 - Spousal Consent to Beneficiary Designation (Is not required if you are only making a contribution change)

As spouse, I consent to the named beneficiary:  
 (name(s) should be the same as listed above).

Beneficiary Name:

The Program's death benefit provisions have been explained to me and I hereby acknowledge that I understand:

1. That the effect of such designation is to cause my spouse's benefit to be paid to a beneficiary other than me;
2. That each beneficiary is not valid unless I consent to it; and
3. That my consent is irrevocable unless my spouse (the Participant) revokes the beneficiary designation to which I have consented in this Part 4.

Participant's Spouse:	Date:	Notary Seal:
Plan Representative or Notary Public:	Date:	

### Part 5 - Employee's Signature

Signature	Date
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Original/White Copy - Retirement Yellow Copy - Employer Pink Copy - Employee