

Return Form Directly to:
 Knox County Human Resources Suite
 360, City County Building
 Fax: 865-215-2474

Knox County Government Health Enrollment Form Medical, Dental, & Vision 2009

400 Main Street, Suite 360
 Knoxville, TN 37902
 Questions? Email us at
 benefits@knoxcounty.org
 865-215-2321

EE# _____

PART 1 – EMPLOYEE INFORMATION

New Hire **Qualifying Event** 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 Human Resources, Suite 360.

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)	DENTAL (circle one below)	VISION (circle one below)
Consumer: Add Drop Change Silver Traditional: Add Drop Change Gold Traditional: Add Drop Change Choice: Add Drop Change Decline all medical coverage: Yes No	Delta PPO: Add Drop Change United EPO: Add Drop Change Decline all dental coverage: Yes No	 United Vision: Add Drop Change Decline vision coverage: Yes No

PART 3 – COVERED MEMBERS

Last Name	First Name	MI	Sex (M/F)	Birth Date	Social Security Number	Medical (circle one)	Dental (circle one)	Vision (circle one)
Employee						Add Drop	Add Drop	Add Drop
Spouse						Add Drop	Add Drop	Add Drop
Child						Add Drop	Add Drop	Add Drop
Child						Add Drop	Add Drop	Add Drop
Child						Add Drop	Add Drop	Add Drop
Child						Add Drop	Add Drop	Add Drop

Employee Signature: _____ **Date:** _____