

Human Resources Use Only

Knox County Government / Court South/NFC 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
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, \$19.00 Per Month**, payroll deducted as \$9.50 per pay period
- ___ **Single + 1 Membership, \$35.00 per month**, payroll deducted as \$17.50 per pay period
- ___ **Family Membership, \$45.00 Per Month**, payroll deducted as \$22.50 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, 2010 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: _____

