

# DENTAL INSURANCE ENROLLMENT/CHANGE FORM

## NEW ENROLLMENT:

Choose one:  New Employee Coverage  Open Enrollment  Change in Status (See documentation information below)

Effective Date: \_\_\_\_\_ (If Open Enrollment, effective date is January 1 )

## TERMINATION:

Check all that apply:  Terminate employee coverage  Terminate spouse coverage  Terminate child coverage

Effective Date: \_\_\_\_\_ (If Open Enrollment, effective date is December 31)

Reason for Requested Termination: \_\_\_\_\_ (See documentation information below)

*Required documentation: KCS dental insurance premiums are deducted from payroll before taxes. Therefore, IRS regulations require documentation of a change in status allowing enrollment or termination. Documentation must be provided with this form unless it is the open enrollment period or employee is within the first 31 days of their employment.*

## Employee Information:

First Name	Middle Initial	Last Name
Social Security #		(Social Security Number is required to process insurance cards)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Phone Number
Street or Mailing Address		
City	State	Zip

## Spouse Information (only required if enrolling or terminating coverage) :

First Name	Middle Initial	Last Name
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	

## Child Information (only required if enrolling or terminating coverage) :

First Name	Middle Initial	Last Name
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
First Name	Middle Initial	Last Name
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
First Name	Middle Initial	Last Name
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
First Name	Middle Initial	Last Name
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



**Return this form by mail or fax to:**

**Knox County Schools - Employee Benefits**  
**Andrew Johnson Building, 3rd Floor - P.O. Box 2188 - Knoxville, TN 37901-2188**  
**Office (865) 594-1686 - Fax (865) 594-3737**