

VISION 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 (September 15-October 15 annually) 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 – Benefits & Employee Relations
Andrew Johnson Building, 3rd Floor, P.O. Box 2188, Knoxville, TN 37901-2188
Office (865) 594-1686 Fax (865) 594-3737