

# 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, 3<sup>rd</sup> Floor, P.O. Box 2188, Knoxville, TN  
37901-2188 Office (865) 594-1686 Fax (865) 594-9523