



City of Knoxville Pension System
 917B East Fifth Avenue
 Knoxville, TN 37917-7737
 Phone: (865) 215-1444
 Fax: (865) 215-1440

RETIREE INSURANCE CONTINUATION

Member's Full Name: _____

KnoxID: _____ Retirement Date: _____

Changes for new retirees should be received in the Pension Office as soon as possible in order to process prior to the effective retirement date. Transfers and cancellations for the current month must be received in the Pension Office by the 10th of that month.

_____ I wish to continue insurance coverage as indicated below.

Please note: Coverage will end when you become Medicare eligible (age 65).

Health Insurance:

_____ Individual _____ Family _____ Spouse only _____ Employee + Spouse

_____ Cancer Policy

_____ I do **not** wish to continue insurance coverage.

COMPANY	TYPE OF CHANGE	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Member Signature: _____

Date: _____

OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____