



City of Knoxville Pension System
Public Safety Complex
1650 Huron Street
Knoxville, TN 37917
Phone: (865) 215-7750
Fax: (865) 215-7758

RETIREE HEALTH INSURANCE CONTINUATION

Member's Full Name

Employee ID

Benefit Effective 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 18th of that month.

_____ I wish to continue health insurance coverage as indicated below.

Please note: Coverage will end when you become Medicare eligible.

Health Insurance:

_____ Individual

_____ Employee + Spouse

_____ Employee + Child(ren)

_____ Family

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

HEALTH INSURANCE ONLY

TYPE OF CHANGE

AMOUNT

NOTE: Only the retiree medical plan will be continued and deducted from your Pension benefit. If you want to continue other benefits such as dental, vision or EAP, you will need to complete the COBRA paperwork you receive in the mail and pay a monthly premium to P&A Group.

Member Signature

Date

I understand that as a disability applicant that I am not eligible to remain on the City's Health Insurance Plan.

Member Signature

Date

OFFICE USE ONLY:

RECEIVED BY

DATE