



**Oak Ridge Schools Dental & Vision Enrollment Form      FY 2022**

- New Enrollment
- Qualifying Event
- Open Enrollment

**Employee Name:** \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Male    Female

Dental:	Semi-monthly Rate:
<input type="checkbox"/> Employee Only	\$0.00
<input type="checkbox"/> Employee + Spouse	\$18.79
<input type="checkbox"/> Employee + Child(ren)	\$22.49
<input type="checkbox"/> Employee + Family	\$50.11
<input type="checkbox"/> Declined	

Vision:	Semi-monthly Rate:
<input type="checkbox"/> Employee Only	\$0.00
<input type="checkbox"/> Employee + Spouse	\$5.41
<input type="checkbox"/> Employee + Child(ren)	\$6.17
<input type="checkbox"/> Employee + Family	\$13.16
<input type="checkbox"/> Declined	

Dependents	Coverage	Add	Drop	Social Security Number	Date of Birth	Gender
Spouse:	<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> M <input type="checkbox"/> F
	<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> M <input type="checkbox"/> F
	<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> M <input type="checkbox"/> F
	<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> M <input type="checkbox"/> F
	<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> M <input type="checkbox"/> F
	<input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> M <input type="checkbox"/> F

**Benefit information can be found at [www.ortn.edu](http://www.ortn.edu) under Central Office > Human Resources**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return to Human Resources**

Human Resources:	
Effective Date: _____	_____
HR Signature	Date

For additional information, contact Rebecca Medovich, HR Benefits Coordinator, [rmedovich@ortn.edu](mailto:rmedovich@ortn.edu) 865.425.9020

Revised 3/30/2021