Oak Ridge Schools
HUMAN RESOURCES

FY24 Dental & Vision Enrollment Form

❑ New Enrollment
❑ Qualifying Event
❑ Open Enrollment

Employee Name: _____

Social Security Number: _____

Address: _____

_____

Phone: _____

Date of Birth: _____

Hire Date: _____ ❑ Male ❑ Female

Dental:	Semi-monthly Rate:
❒ Employee Only	$0.00
❒ Employee + Spouse	$18.15
❒ Employee + Child(ren)	$21.72
❒ Employee + Family	$48.40
❒ Declined	

Vision:	Semi-monthly Rate:
❒ Employee Only	$0.00
❒ Employee + Spouse	$5.41
❒ Employee + Child(ren)	$6.17
❒ Employee + Family	$13.16
❒ Declined	

DEPENDENT INFORMATION - ATTACH A SEPARATE SHEET IF NECESSARY

NAME (FIRST, MI, LAST)	RELATIONSHIP	DATE OF BIRTH	GENDER	SOCIAL SECURITY NUMBER	COVERAGE TYPE	ADD	DROP
			❑ M ❑ F		❑ Dental ❑ Vision	❑	❑
			❑ M ❑ F		❑ Dental ❑ Vision	❑	❑
			❑ M ❑ F		❑ Dental ❑ Vision	❑	❑
			❑ M ❑ F		❑ Dental ❑ Vision	❑	❑
			❑ M ❑ F		❑ Dental ❑ Vision	❑	❑
			❑ M ❑ F		❑ Dental ❑ Vision	❑	❑

Benefit information can be found at www.ortn.edu under Central Office > Human Resources>Employee Benefits

_____ _____
Employee Signature Date

To be Completed by Human Resources:

_____ _____ _____
Effective Date of Coverage HR Representative Signature Date

PLEASE RETURN TO HUMAN RESOURCES FOR PROCESSING
For additional information or assistance, please contact Tamara Jones, HR Specialist/Benefits, at 865-425-9020 or tljones@ortn.edu

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