

TRS-ActiveCare
DECLINATION CERTIFICATION
Group #085000
El Paso ISD
TRS #0592

This is to certify that the available health coverage has been explained to me. I have been given the opportunity to apply for the coverage offered to me and my eligible dependents and have voluntarily elected to decline the coverage as indicated below. If I desire to apply for coverage at a later date, I understand there may be a delay in the effective date of the coverage as well as a preexisting condition exclusion period (not applicable to HMO coverage).

Employee Name: _____ SSN: _____

New Hire Actively-at-work Date: _____ (to be completed if a New Hire)

Open Enrollment for Plan Year: _____

<input type="checkbox"/> I am enrolling myself and declining coverage for those listed below.	<input type="checkbox"/> I am declining coverage for myself and my spouse/dependents.
	Employee name: _____ Reason for declining: ___ Other Group Coverage ___ Medicare ___ Medicaid ___ Other, explain: _____
Spouse name: _____ Reason for declining: ___ Other Group Coverage ___ Medicare ___ Medicaid ___ Other, explain: _____	Spouse name: _____ Reason for declining: ___ Other Group Coverage ___ Medicare ___ Medicaid ___ Other, explain: _____
Dependent Child name: _____ Reason for declining: ___ Other Group Coverage ___ Medicare ___ Medicaid ___ Other, explain: _____	Dependent Child name: _____ Reason for declining: ___ Other Group Coverage ___ Medicare ___ Medicaid ___ Other, explain: _____
Dependent Child name: _____ Reason for declining: ___ Other Group Coverage ___ Medicare ___ Medicaid ___ Other, explain: _____	Dependent Child name: _____ Reason for declining: ___ Other Group Coverage ___ Medicare ___ Medicaid ___ Other, explain: _____
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Dependent Child name: _____ Reason for declining: ___ Other Group Coverage ___ Medicare ___ Medicaid ___ Other, explain: _____	Dependent Child name: _____ Reason for declining: ___ Other Group Coverage ___ Medicare ___ Medicaid ___ Other, explain: _____

Signature: _____ Date: _____

Please mail completed form to:
Blue Cross & Blue Shield of Texas
TRS-ActiveCare
P.O. Box 660400
Dallas, Texas 75266-0400