

FOCUS on TRS ActiveCare
#7 – 11/18/2010

Split Premiums

UPDATED with new information received on November 18, 2010

Split Premium

If one spouse works for El Paso ISD, and their spouse works for another participating school district listed below, the EPISD employee may request an exception to TRS using the Letter Template included in this Focus Notice **and** by completing the TRS-ActiveCare Form “Application to Split Premium” also included on page 3:

Anthony ISD
Burnham Wood Charter School
Clint ISD
Dell City ISD
El Paso Academy East
Fabens ISD
Fort Hancock ISD
Region 19 Education Service Center
Sierra Blanca ISD
Tornillo ISD
Paso Del Norte Academy
Harmony Science-El Paso

TRS has provided the following updated guidance:

- An employee from the **new** participating district must submit a letter to TRS and request an exception (template attached for your convenience OR employee can write their own letter their way).
- The employee from the **new** participating district must also attach a completed *Application to Split Premium* to their exception letter and the form must be signed by all parties (Application to Split Premium attached for your convenience).
- The employee from the **new** participating district --El Paso ISD-- must decline TRS-ActiveCare coverage effective January 1, 2011 to enroll as a dependent under the already enrolled spouse.

At this time, the only action required is for the employee from the new district (EPISD) to submit their letter and the completed *Application to Split Premium* to TRS. TRS will respond to all parties involved as to how to proceed.

TRS-ActiveCare
1000 Red River Street
Austin, TX 78701
Fax: (512) 542-6784

To Whom It May Concern:

I, _____, currently employed by _____ Independent School District, am enrolling in TRS-ActiveCare effective January 1, 2011 and request approval to split premiums between myself and my spouse, _____, employed by _____ Independent School District effective January 1, 2011.

Please feel free to contact me at _____ with any questions or concerns.

Sincerely,

(Employee Signature)

(Date)

(Street Address)

(City, State and Zip Code)



Please print in blue or black ink.

Group Number 085000

www.trr.state.tx.us/trr-activecare

Toll-Free Customer Service 1.866.355.9999

This form is to be completed by both husband and wife who wish to split the cost of employee and spouse or employee and family coverage while being employed by different districts/entities participating in TRR-ActiveCare.

The employee identified in Section 1 is required to select a plan under TRR-ActiveCare. The employee's spouse, identified in Section 3, is required to decline (waive) TRR-ActiveCare coverage. The employing district/entity for EACH person must also complete Sections 2 or 4, as appropriate.

The cost for TRR-ActiveCare coverage will be split between the two employers. Each employer will be billed 50 percent of the total cost of the TRR-ActiveCare plan selected by the employee in Section 1.

The entity employing the spouse who declined coverage will consider the employee as covered under a group health plan for funding purposes.

SECTION 1 — TO BE COMPLETED BY EMPLOYEE that has elected employee and spouse or employee and family coverage

Employee Last Name	First Name	Middle Initial	Social Security Number
I have elected employee and spouse or employee and family coverage, and I elect to split the cost of coverage 50/50 with my spouse.			
Employee Signature			Date

SECTION 2 — TO BE COMPLETED BY EMPLOYER of the employee in Section 1

District/Entity Name	TRR Reporting Number
I confirm this employee is an active employee enrolled for TRR-ActiveCare coverage. I understand that the cost of this employee's coverage will be split 50/50 between our district/entity and the participating district/entity of the employee's spouse.	
Employer Verification Signature	Effective Date
Date	

SECTION 3 — TO BE COMPLETED BY EMPLOYEE that will be declining coverage

Employee Last Name	First Name	Middle Initial	Social Security Number
I elect to split the cost of coverage 50/50 with my spouse. I have declined TRR-ActiveCare coverage under my participating district/entity and will be covered as a dependent of my spouse as listed in Section 1.			
Employee Signature			Date

SECTION 4 — TO BE COMPLETED BY EMPLOYER of the employee in Section 3

District/Entity Name	TRR Reporting Number
I confirm this employee is an active employee who has declined TRR-ActiveCare coverage. I understand that 50 percent of the cost of coverage elected by this employee's spouse will be billed to our district/entity.	
Employer Verification Signature	Date

SECTION 5 — TO BE COMPLETED BY EMPLOYER of the employee in Section 3 to TERMINATE SPLIT PREMIUM

District/Entity Name	TRR Reporting Number
Please terminate the split premium funding arrangement for this employee.	
Employer Verification Signature	Effective Date
Date	