

Application to Split Premium

Please print in blue or black ink.

Group Number 085000

NOTE: Changes can not be made in the enrollment system until the district receives an approval from TRS/Aetna. You will be charged the full premium amount until approval is received.

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 TRS-ActiveCare. The employee identified in Section 1 is required to select a plan under TRS-ActiveCare and will be designated as primary on the plan. The employee's spouse, identified in Section 3, is required to decline (waive) TRS-ActiveCare coverage.

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

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

Employee Last Name	First Name	Email Address	Social Security#
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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

Employee Email Address	Employee #
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You must go into the enrollment system and elect the plan (ActiveCare 1HD, ActiveCare 2, etc) and coverage (EE & spouse, family, etc.)

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

Employee Last Name	First Name	Social Security #	Email Address
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I elect to split the cost of coverage 50/50 with my spouse. I have declined TRS-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 — EMPLOYER OF SECONDARY INSURANCE HOLDER

District/Entity Name	Phone # for Benefits
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Received on: _____

Received by: _____

Entered into BSWIFT on: _____