



## Application to Split Premium

**Please Print  
in Blue or  
Black Ink.**

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. The employee's spouse, identified in SECTION 3, is required to decline (waive) TRS-ActiveCare coverage. The employing district/entity for EACH person must also complete SECTIONS 2 or 4 as appropriate.

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.

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 THE EMPLOYEE that has elected employee and spouse or employee and family coverage**

Employee Last Name	First Name	MI
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Employee 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	TRS Reporting Number

Health Benefits Plan (Check One)	Effective Date:
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- PPO:    ActiveCare 1-HD                       ActiveCare Select                       ActiveCare 2
- HMO:    FirstCare                               Scott & White Health Plan                       Valley Baptist Health Plan

I confirm this employee is an active employee enrolled for TRS-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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Employee Last Name	First Name	MI
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Employee Social Security Number									

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 – TO BE COMPLETED BY EMPLOYER of the employee in Section 3**

District/Entity Name	TRS Reporting Number

I confirm this employee is an active employee who has declined TRS-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	TRS Reporting Number

Please terminate the split premium funding arrangement for this employee.	Effective Date:
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**Employer Verification Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit to: WellSystems Via Your Enrollment Coordinator's Dedicated Fax or E-Mail**