EMPLOYEE ENROLLMENT PREPARATION CHECKLIST

Use this checklist as your guide to help make sure you're ready for your annual open enrollment!

☐ Have your Spouse and De Number and Date of Bir	•	on Ready— Social Security
Have your Designated Be Phone Number, State.	eneficiary Informatio	on Ready— Date of Birth,
Have your Primary Care In TRS ActiveCare Primary+ Provider Search: https://www.in BCBSTX Number: 866-355-5 PCP ID:	plan and HMO plar bcbstx.com/trsactivecare/c	n options. doctors-and-hospitals
☐ Know your Login Usernal complete your annual or		Required to login and
Username:		
the last four (4) digits of your Soci	al Security Number. rs in your last name, use y	e first letter of your first name, followed by rour full last name, followed by the first letter social Security Number.
Password:		
Last Name (lowercase, excluding pund Number.	ctuation) followed by the l	ast four (4) digits of your Social Security
CALL CENTER INFORMATION		LOGIN TO ENROLL
Number: (866) 914-5202		www.wtxebc.com

Hours: Monday - Friday 8:00 A.M. - 7:00 P.M.

Se Habla Español