



Notice of Election to Discontinue Participation in TRS-ActiveCare

All elections to discontinue participation in TRS-ActiveCare must be in writing using this form. An incomplete form will not be deemed received by Teacher Retirement System of Texas (TRS) for purposes of determining whether a valid election has been exercised.

In order to express your entity's commitment to discontinue participation in TRS-ActiveCare, this Notice of Election to Discontinue Participation in TRS-ActiveCare must be completed and received by TRS no later than December 31st of the year preceding the plan year in which the election will be effective. An official from the entity with the authority to bind the entity to the terms of this election, herein after referred to as the Authorized Official, must attest to the following by initialing each item.

On behalf of _____, I attest to the following:
Entity Name *TRS Reporting Number*

1. ____ Notice of Election. The above referenced entity hereby provides Notice of Election to Discontinue Participation in TRS-ActiveCare, in accordance with 34 T.A.C. § 41.30.
2. ____ Supporting Documentation. The decision to discontinue participation in TRS-ActiveCare has the support of the entity's Board of Trustees or other governing body, as reflected in the attached documentation (for example Board Resolution or approved meeting minutes).
3. ____ Deadline and Effective Date. The entity is aware that the completed Notice of Election to Discontinue Participation in TRS-ActiveCare must be received by December 31st of the year preceding the plan year in which the election will be effective. The entity is also aware that an incomplete notice will not be accepted as a valid Notice of Election to Discontinue Participation in TRS-ActiveCare.
4. ____ Exclusion Period. The entity is aware that each time the entity elects to discontinue participation in TRS-ActiveCare, the entity is committing to leave TRS-ActiveCare for a minimum of five years. After five years of non-participation, the entity may submit a Notice of Election to Participate in TRS-ActiveCare.

See 34 T.A.C. § 41.30 and Insurance Code § 1579.155, for additional information.

I attest that I have the authority to bind the entity referenced within this Notice of Election to Discontinue Participation in TRS-ActiveCare and that the information provided above is true and complete. I hereby provide Notice of Election to Discontinue Participation in TRS-ActiveCare.

Name of Entity

Mailing Address of Entity

Name of Authorized Official (Print)

Phone Number

Signature of Authorized Official

Email Address of Authorized Official

Title of Authorized Official

Date of Signature

Please email this completed form and supporting documents to TRS-ActiveCareAdmin@trs.texas.gov.