



Notice of Election to Participate in TRS-ActiveCare

All elections to participate 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. Information required under 34 T.A.C. § 41.45 must also be submitted with this Notice of Election to Participate in TRS-ActiveCare for the election to be valid.

In order to express your entity's commitment to join TRS-ActiveCare, this Notice of Election to Participate in TRS-ActiveCare must be completed and received by TRS no later than December 31st of the year preceding the first day of 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 Participate in TRS-ActiveCare, in accordance with 34 T.A.C. § 41.30.
2. ____ Supporting Documentation. The decision to participate 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 meeting minutes).
3. ____ Deadline and Effective Date. The entity is aware that a completed Notice of Election to Participate 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 Participate in TRS-ActiveCare.
4. ____ Commitment Period. The entity is aware each time the entity elects to participate in TRS-ActiveCare, the entity is committing to continue participation in TRS-ActiveCare for a minimum of five years. After five years of participation, the entity may submit a Notice of Election to Discontinue Participation in TRS-ActiveCare.
5. ____ Alternative Group Health Coverage Prohibition. The entity is aware that participating entities cannot offer or make available group health coverage other than that provided under the TRS-Active Care Program to the entity's employees or employees' dependents. Furthermore, the entity is aware that TRS may exercise remedies for failure to comply with this provision.
6. ____ The entity is aware that it must include the required information listed in 34 T.A.C. § 41.45 with this Notice of Election to Participate in TRS-ActiveCare.
7. ____ Charter Schools Only – The entity agrees to inspection of all records of the school relating to its participation in TRS-ActiveCare by TRS or its designees.
8. ____ Charter Schools Only – The entity agrees to have its accounts relating to participation in TRS-ActiveCare annually audited by a certified public accountant at the school's expense.

See 34 T.A.C. § 41.30; and Insurance Code §§ 1579.1045 and 1579.155, for additional information. TRS provides the checklist on the back of this notice as an additional resource.

I attest that I have the authority to bind the entity referenced within this form to this Notice of Election to Participate in TRS-ActiveCare and that the information provided, including required documentation, is true and complete. I hereby provide Notice of Election to Participate in TRS-ActiveCare.

Name of Entity

Entity Address

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.

Checklist for Completing Notice of Election to Participate in TRS-ActiveCare

- ☐ This form has been completed and signed by an official authorized to bind the entity.
- ☐ Documentation of the entity's Board of Trustees or other governing body for the decision to participate in TRS-ActiveCare is included with this notice.
- ☐ All relevant information in the entity's possession or available from the entity's current health plan administrator including but not limited to that described in TAC 41.45(a), reprinted below is included with this notice. TRS may request additional information throughout the rate setting process but will not deny an entity's request to participate based on the information provided.

(a) An eligible entity that submits a written election to participate in TRS-ActiveCare under §41.30 must include with the notice of election the information listed below for each medical and prescription drug plan that the entity offered to its employees during the designated time period. The entity must include this information for the year to date for the plan year in which the entity submits its notice of election (current year) and for the two complete plan years immediately preceding the current year. The required information is:

- (1) Plan type (PPO, POS, HMO, etc.), including the effective date of each plan;
- (2) Average number of employees participating in each plan;
- (3) Average number of covered lives in each plan;
- (4) Description of all medical and prescription drug benefits, including effective dates of any changes in each plan;
- (5) Total premium rates by family tier for each insured plan, including effective dates of any changes;
- (6) Total COBRA rates by family tier for each self-funded plan, including effective dates of any changes;
- (7) Required employee contribution rates by family tier for each plan, including effective dates of any changes;
- (8) Funding arrangement (fully insured, self-funded, etc.) for each plan;
- (9) Total premiums paid by year for each plan, if insured;
- (10) Total claims paid by year for each plan;
- (11) Employee counts by age, gender, and participation status;
- (12) A high cost claimant report; and
- (13) Any other summary health information that TRS may require.