Dental and Vision Open Enrollment Application

DVOE-ONLINE (10/25)

PO Box 149676
Austin, Texas 78714-0185
(800) 223-8778
www.trs.texas.gov

EFFECTIVE DATE

January 1, 2026

RETIREE OR SURVIVING SPOUSE INFORMATION

Name_____ TRS Participant ID _____

Mailing Address _____ City_____ State_____ Zip_____

If the mailing address above is a PO Box, please provide your physical address.

Physical Address _____ City_____ State_____ Zip_____

Phone Number _____ Email Address _____

A dependent can only enroll in dental and/or vision coverage if the Retiree or Surviving Spouse is also enrolled in the respective plan. (The surviving spouse may not enroll a new spouse.)

Please complete all information below in its entirety, including your signature on the next page, to enroll in TRS-Care Dental and/or TRS-Care Vision coverage.

Relationship **See Options Below*	**First Name, MI, Last Name, Suffix**	**Gender M/F**	**Date of Birth**	**Social Security Number**	**Dental Coverage**	**Vision Coverage**
Self					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No

**Relationship Options: Spouse, Natural Child, Stepchild, Grandchild, Adopted, Foster, Guardianship, Other*

If you need to add additional eligible dependents, please provide the above information on a separate sheet.

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ACKNOWLEDGMENT AND ACCEPTANCE

I certify that the information on this form is true and complete to the best of my knowledge. I acknowledge that if I engage in, cause, or attempt to engage in any fraudulent activity related to my plan benefits, including giving false information on this form, I might be removed from the plan.

I acknowledge that information provided on this form may be disclosed to third parties that assist TRS in connection with the administration of the dental and/or vision plan in which I am enrolled.

Information collected on this form includes my telephone number and my cell phone number, if provided. I understand that this information will also be provided to third parties in connection with health plan administration. I consent to calls or texts at these numbers and I understand the calls I receive could be automated. **I understand that I can cancel this consent to receiving calls and texts at these numbers at any time** without affecting my eligibility for benefits, enrollment and coverage, and without affecting my ability to get treatment. Upon request, TRS will provide me with the identity of the third parties that may be communicating with me at these phone numbers, and I may contact those third parties directly regarding the use of my phone numbers. I also understand that data use charges and rates from my cellular carrier may apply.

I authorize the Teacher Retirement System (TRS) to withhold from my monthly annuity and remit to the TRS-Care Dental and/or TRS-Care Vision plan administrators any amount to cover the cost of the coverage. If the amount of my annuity is not sufficient to cover the cost of the selected coverage, or I am not receiving a monthly annuity, I understand that the TRS-Care Dental and/or TRS-Care Vision plan administrators will bill me, and I understand that it is my responsibility to send payment on a timely basis. I understand if I fail to timely pay the full amount of a required contribution for TRS-Care Dental and/or TRS-Care Vision coverage, my coverage will be terminated. I understand if I lose my TRS-Care Dental and/or TRS-Care Vision coverage due to lack of payment of contribution I may be subject to recoupment by TRS of outstanding contribution amounts, penalties, and be subject to reenrollment conditions prior to reenrollment in TRS-Care Dental and/or TRS-Care Vision plan.

I understand that only a TRS service retiree or a TRS disability retiree who meets the TRS-Care Dental and/or TRS-Care Vision eligibility requirements may apply for TRS-Care Dental and/or TRS-Care Vision coverage. I understand that the individuals that I am enrolling as dependents must meet the TRS-Care Dental and/or TRS-Care Vision coverage eligibility criteria for dependents as defined by TRS-Care. I understand that TRS-Care may request documentation to support their eligibility at any time. Failure to provide supporting documentation when requested may result in the termination of any of the TRS-Care plans in which I and my dependent(s) are enrolled. I understand that as a service retiree under the TRS retirement plan, I am not eligible to enroll in the TRS-Care Dental and/or TRS-Care Vision plan if I am eligible to enroll as an employee or retiree in a plan provided by the Employees Retirement System of Texas, The University of Texas System, or the Texas A&M University System. I agree to notify TRS immediately if such eligibility occurs in the future. I understand that if I am uncertain about whether I am eligible for coverage under TRS-Care Dental and/or TRS-Care Vision plans, I should contact TRS Health at (888) 237-6762 before signing and submitting this application. I certify that I and any dependents that I am enrolling are eligible to participate in TRS-Care Dental and/or TRS-Care Vision coverage.

I understand that if I am eligible as both a retiree and as the dependent of a retiree, I must only apply under one of those categories; and I cannot apply as both a retiree and a dependent of a retiree.

I understand that the plan year for coverage is from January 1 through December 31. I acknowledge that each year plan options may change and it is my responsibility to review the plan options each plan year during open enrollment or special enrollment and request changes by timely submitting the appropriate form to TRS. I agree to follow and comply with the TRS enrollment and disenrollment process. I understand that once enrolled, I may only disenroll during the next open enrollment period or during a special enrollment opportunity.

I understand that this form does not serve as a change of beneficiary of TRS retirement, death, or survivor benefits.

Please be sure to sign and date this form below before it is returned to TRS.

Signature Date