



# Termination of TRS-Care Dental and/or TRS-Care Vision Coverage

TRSDVOE-TERM (10/25)

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



Name \_\_\_\_\_

(First Name, Middle Initial, Last Name, Suffix)

TRS Participant ID or  
Social Security Number \_\_\_\_\_

I am requesting termination of TRS-Care Dental and/or TRS-Care Vision coverage as indicated below. I understand the following:

- **Termination will be effective January 1.** If I elect to terminate coverage for TRS-Care Dental and/or TRS-Care Vision **for myself, coverage for dependent(s)** will also terminate. This means termination of coverage by the Retiree or Surviving Spouse applies to all enrolled dependents.
- The *TRSDVOE-TERM* form **does NOT terminate TRS-Care Medical and Prescription Drug** coverage. (Contact TRS Health for more information on how to terminate TRS-Care Medical and Prescription Drug coverage.)
- The TRS-Care Dental and TRS-Care Vision plan year runs from January 1 through December 31. If I choose to terminate coverage, I understand that I **can only re-enroll during the next open enrollment unless there is a qualifying life event.**
- TRS will mail confirmation of my request to terminate TRS-Care Dental and/or TRS-Care Vision coverage within 5-7 business days of processing this request.

Please check the reason for termination: (Answering this question is voluntary and will not affect your request for termination.)

☐ Cost ☐ Benefit Structure ☐ Return to Work ☐ Other: \_\_\_\_\_

Complete the following information and sign prior to returning to TRS:

Name:

Terminate Coverage:

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

|                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Dental | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Vision |

Signature

Date

TRS Health  
Teacher Retirement System of Texas  
PO Box 149676, Austin, Texas 78714-9676  
Telephone number: (888) 237-6762  
Fax number: (512) 542-6575  
www.trs.texas.gov