

**TRS-ACTIVECARE
DECLINATION CERTIFICATION
085000 / **Montgomery** ISD, TRS #0918**

This is to certify that the available health coverage has been explained to me. I have been given the opportunity to apply for the coverage offered to me and my eligible dependents and have voluntarily elected to decline the coverage as indicated below. If I desire to apply for coverage at a later date, I understand there may be a delay in the effective date of the coverage as well as a preexisting condition exclusion period (not applicable to HMO coverage).

Name		Reason for Declining Coverage
Employee Name	Social Security No	<input type="checkbox"/> Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, explain
Spouse Name	Social Security No	<input type="checkbox"/> Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, explain
Dependent Child	Social Security No	<input type="checkbox"/> Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, explain
<input type="checkbox"/> Dependent Child	Social Security No	<input type="checkbox"/> Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, explain
<input type="checkbox"/> Dependent Child	Social Security No	<input type="checkbox"/> Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, explain
<input type="checkbox"/> Dependent Child	Social Security No	<input type="checkbox"/> Other Group Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other, explain

New Hire **Open Enrollment:**

Name (Printed): _____

Actively-at-work Date: _____

SSN: _____

Signature: _____

Date _____

**Please mail completed form to:
Blue Cross & Blue Shield of Texas
TRS-ActiveCare
P.O. Box 660400
Dallas, Texas 75266-0400**