**********IMPORTANT TRS ACTIVECARE INFORMATION**********
ACTION REQUIRED

AISD will join the TRS ActiveCare Health Plan effective September 1, 2007. The TRS ActiveCare health plans will replace the current United HealthCare medical plans.

TRS ActiveCare allows married employees who both work for AISD to combine (or "pool") the monthly contribution that the District provides for employees who enroll in a health plan. This means both employees would receive the District contribution each month to pay for the cost of medical coverage. The funds may be "pooled" to purchase medical coverage **only when one spouse selects TRS ActiveCare coverage, and the other spouse waives medical coverage.** This pooling is only beneficial if you are covering your entire family, including children. If it is just an employee and spouse, it is cheaper for each employee to select Employee Only coverage.

In addition, AISD employees, who have a spouse working for another school district that also participates in the TRS ActiveCare plans, are eligible to "split" the cost of their medical coverage with their spouse. This means each spouse receives his/her own district's monthly contribution and can split the cost of medical coverage. A complete list of other TRS ActiveCare participating districts can be found at www.trs.state.tx.us/trs-activecare. Employees eligible to "split" premiums are **required to complete an "Application to Split Premiums",** which can be found on our benefits website at www.myaisdbenefits.net, and return the application along with this form.

If you fall into one of these groups, **you must complete either Section 1 or 2, whichever applies to you and your spouse, and send to the AISD Benefits Office by Monday, April 9th.** If you do not identify yourself as eligible for this, you will not be able to qualify again until the next plan year.

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(1) I, _____ _____, have a spouse who works for
Print Name **Employee #**

Arlington ISD. My spouse's name is _____ _____.
Print Name **Employee #**

_____ _____
Employee Signature **Date**

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(2) I, _____ _____, have a spouse who works for a
Print Name **Employee #**

school district who participates in TRS ActiveCare. My spouse's name is

_____ and works for _____ ISD.
Print Name **Name of School District**

_____ _____
Employee Signature **Date**

PLEASE FAX COMPLETED FORMS TO 817-459-7162
OR SEND TO THE AISD BENEFITS OFFICE
NO LATER THAN MONDAY, APRIL 9, 2007

For questions, contact the Benefits Office at 682-867-7480 or 682-867-7362