

TRS-CARE EMPLOYER HEALTH BENEFIT SURCHARGE INFORMATION FORM

This form must be completed by TRS retirees who are reported by an employer on an Employment of Retired Members Report, with the following exceptions:

1. Individuals who were reported as an employed TRS retiree by this same employer on the January 2005 Employment of Retired Members Report.*

OR

2. Individuals serving as a substitute

* The requirement is also waived in the event of district consolidations on or before 9/1/05, if the retired employee was reported by either district as working in January 2005 for that district.

If you are enrolled in TRS-Care, your employer must remit monthly to TRS-Care a surcharge in an amount equal to the difference between the monthly total cost of your TRS-Care coverage (including spouse and child(ren) enrolled in TRS-Care under the same account identification number, if any) and the amount of your monthly premium paid for all TRS-Care participants enrolled in TRS-Care under that same account.

Please circle the appropriate response to the questions below:

1. Are you enrolled in TRS-Care?
 - A. As the "primary enrollee" (the individual whose social security number identifies the TRS-Care account)
 - B. As the dependent of a TRS-Care primary enrollee
 - C. Neither

If you circled "C", place your printed name and signature on the reverse side of this form.

2. If you circled "A" or "B", which coverage tier are you enrolled in? Circle one:

TRS-Care 1

TRS-Care 2

TRS-Care 3

3. If you circled TRS-Care 2 or TRS-Care 3, how many years of service credit did the TRS-Care primary enrollee have at the time of TRS retirement? Circle one.

Less than 20

20-29 years

30+ years

In the chart below, circle one of the five categories listed below and then circle the applicable Medicare statement within the category. Category 5 does not have a Medicare statement.

Category 1 **Retiree or Surviving Spouse Only**

With Part A&B of Medicare
With Part B of Medicare Only
Not Eligible for Medicare

Category 2 **Retiree and Spouse**

Both with Part A&B of Medicare
Both with Part B only of Medicare
Neither Eligible for Medicare
Retiree with A&B/Spouse with B Only
Retiree with A&B/Spouse not Eligible for Medicare
Retiree with B Only/Spouse not Eligible for Medicare
Retiree with B Only/Spouse with A&B
Retiree not Eligible for Medicare/Spouse with A&B
Retiree not Eligible for Medicare/Spouse with B Only

Category 3 **Retiree or Surviving Spouse and Child(ren)**

With Part A&B of Medicare
With Part B of Medicare Only
Not Eligible for Medicare

Category 4 **Retiree, Spouse and Child(ren)**

- Retiree and Spouse with Medicare A&B
- Retiree and Spouse with Medicare B Only
- Retiree and Spouse not Eligible for Medicare
- Retiree with A&B/Spouse with B Only
- Retiree with A&B/Spouse not Eligible for Medicare
- Retiree with B Only/Spouse not Eligible for Medicare
- Retiree with B Only/Spouse with A&B
- Retiree not Eligible for Medicare/Spouse with A&B
- Retiree not Eligible for Medicare/Spouse with B Only

Category 5 **Surviving Child Only**

4. Are you working for more than one TRS reporting entity? If yes, list the following information.

Name of Reporting Entity Address Telephone Number

Name of Reporting Entity Address Telephone Number

5. Is any other retiree enrolled under the same account identification number, working for a TRS reporting entity? If yes, provide the retiree(s)' name and social security number along with the name, address, and telephone number of the TRS reporting entity.

Name of Retiree Social Security Number

Name of TRS Reporting Entity Address Telephone Number

Name of Retiree Social Security Number

Name of TRS Reporting Entity Address Telephone Number

I certify that the above information is true and correct. I understand that it is my responsibility to notify my employer of any change to the applicable TRS-Care monthly premium or when coverage status changes.

Employee Name (Printed) Date

Employee Name (Signature) Date

This form is to be maintained on file in the reporting entity payroll office. Do not mail or fax a copy of this form to TRS unless requested by TRS to do so.