


Application to Split Premium

In order to complete your enrollment for a split premium the application to split premium must be completed at the following link. Upon signature by all parties the confirmation will be emailed to you in the below format.

https://eforms.wellsystems.com/lincdoc/doc/run/wellsystems/SplitPremium_request

	<h3>Application to Split Premium</h3>	
<p>This form is to be completed by both spouses who wish to split the cost of employee and spouse or employee and family coverage while being employed by different districts/entities participating in TRS-ActiveCare.</p>		
<p>The Employee identified in Section 1 is required to select a plan under TRS-ActiveCare. The employee's spouse, identified in Section 3, is required to decline (waive) TRS-ActiveCare coverage. The employing district/entity for EACH person must also complete Sections 2 or 4 as appropriate.</p>		
<p>The cost for TRS-ActiveCare coverage will be split between the two employers. Each employer will be billed 50 percent of the total cost of the TRS-ActiveCare plan selected by the employee in Section 1.</p>		
<p>The entity employing the spouse who declined coverage will consider the employee as covered under a group health plan for funding purposes.</p>		
<p>This application is for billing purposes only. All enrollments must be completed by way of the standard enrollment process prior to a split premium being established.</p>		
<p>SECTION 1 – THE EMPLOYEE that has elected employee and spouse or employee and family coverage</p>		
Employee Last Name	First Name	MI
Employee Social Security Number		
<p>I have elected employee and spouse or employee and family coverage, and I elect to split the cost of coverage 50/50 with my spouse.</p>		
Employee Signature		Date
<p>SECTION 2 – THE EMPLOYER of the employee in Section 1</p>		
District/Entity Name		TRS Reporting Number
<p><i>Health Benefits Plan elected on enrollment by employee in section 1 will be used to determine plan to split.</i></p>		
<p>I confirm this employee is an active employee enrolled for TRS-ActiveCare coverage. I understand that the cost of this employee's coverage will be split 50/50 between our district/entity and the participating district/entity of the employee's spouse.</p>		
Employer Verification Signature		Date
<p>SECTION 3 - THE EMPLOYEE that will be declining coverage</p>		
Employee Last Name	First Name	MI
Employee Social Security Number		
<p>I elect to split the cost of coverage 50/50 with my spouse. I have declined TRS-ActiveCare coverage under my participating district/entity and will be covered as a dependent of my spouse as listed in Section 1.</p>		
Employee Signature		Date
<p>SECTION 4 - THE EMPLOYER of the employee in Section 3</p>		
District/Entity Name		TRS Reporting Number
<p>I confirm this employee is an active employee who has declined TRS-ActiveCare coverage. I understand that 50 percent of the cost of coverage elected by this employee's spouse will be billed to our district/entity.</p>		
Employer Verification Signature		Date
Effective Date of Split		