

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 retired from TRS prior to September 1, 2005.*
2. Individuals serving as a substitute unless that individual combines substitute service with other TRS-covered employment in the same calendar month.*

OR

3. Individuals who are not working in a TRS-covered position.

* For each calendar month that the individual combines substitute service and other TRS-covered employment, the surcharge is owed by the employer that reports the individual on all compensation earned by the individual, including compensation for the substitute service.

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 retiree or surviving spouse 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

4. 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

