

**TRS-ACTIVECARE  
DECLINATION CERTIFICATION  
Mansfield ISD**

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
Dependent Child _____	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
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**