



Medical Insurance Available to Returning Substitutes

Action Required by August 18, 2022

Under the rules of the Affordable Healthcare Act, qualified substitutes and other temporary employees are now eligible to obtain healthcare coverage. Waller ISD provides health coverage to eligible substitutes and other temporary employees through TRS-ActiveCare. A district substitute or temporary employee is eligible to enroll in TRS-ActiveCare if the district reasonably expects the employee to work at least 10 hours per week. Hours worked for other school districts are not considered in determining whether a substitute is eligible for benefits through Waller ISD.

Although the district reasonably expects substitutes to work at least 10 hours per week, the district does not guarantee that you will receive 10 hours every week. The district's need for substitutes varies from week to week. In some weeks, you may not receive any assignments. Similarly, the district understands that some weeks you may not be able to accept assignments due to illness or other personal reasons.

If you are a returning substitute, **you must enroll in or decline medical coverage by August 18th. Failure to return this form to the WISD Benefits Department by August 18, 2022 will inactivate your status in the substitute system.** If you decline coverage, you cannot enroll again until the next plan year unless you experience a Special Enrollment Event.

Please make your election on the backside of this letter and return it to the Waller ISD Benefits Department (address below).

If you elect to enroll, **you will be responsible for the full premium.** You must submit payment for one calendar month with this election form. *Payroll deduction is not an option.* The premiums for subsequent months will be paid directly to the Benefits Administrator by the 1st of each month of coverage. If the 1st of the month falls on a weekend or a day the district is closed, the payment must be made the preceding business day. You have a 30-day grace period. Failure to pay by the end of the month will result in loss of coverage retroactively. Your coverage may also be cancelled if you lose eligibility for TRS-ActiveCare for other reasons.

Please make check payable to Waller ISD and remit payment to:

**Waller ISD
Benefits Department
2214 Waller Street
Waller, Texas 77484**

A substitute who is enrolled in TRS-Active Care and who is then removed from the substitute roster becomes ineligible for health coverage and will be provided notice regarding continuation of coverage under COBRA (if eligible). Cancellation due to non-payment is considered a voluntary drop; therefore, you would not be eligible for COBRA.



Substitute Enrollment Form 2022-2023

Complete and Return by August 18, 2022

Please complete, sign, and return the original copy of this form to the Benefits Administrator.

Please complete all fields:

Print Name

Home Address, State, Zip Code

Signature

Phone Number

Date Signed

Social Security Number

Initial one of the following:

----- I elect to enroll and understand if I do not pay my premium a month in advance by the last day of each month my coverage will be canceled.

----- I elect to decline coverage at this time and understand I will not be able to elect benefits until the next open enrollment period or a special enrollment event.

----- I am not eligible for TRS-ActiveCare Coverage because I am either

- TRS retiree receiving, or who declined coverage, under TRS-Care, including a TRS retiree who has returned to work.
- Receiving health care coverage as an employee or retiree under the Texas State College and the University Employees Uniform Insurance Benefits Act or under ERS and the Texas Employees Uniform Group Insurance Benefit Act.

Select one if enrolling:

Employee Monthly Contribution	TRS ActiveCare HD	TRS ActiveCare Primary	TRS ActiveCare Primary+	TRS ActiveCare 2 (Closed to New Enrollees)	Scott & White HMO
Employee Only	\$407.00	\$395.00	\$496.00	\$1013.00	\$527.81
Employee + Spouse	\$1145.00	\$1113.00	\$1212.00	\$2402.00	\$1325.22
Employee + Children	\$731.00	\$709.00	\$798.00	\$1507.00	\$848.31
Employee + Family	\$1370.00	\$1332.00	\$1523.00	\$2841.00	\$1525.20

***For more information on the medical plans listed above please visit www.wallerisd.net/Page/103.**

If this medical election/declination form is not returned, the district will assume you have resigned and inactivate your status in the substitute system.

If electing coverage, please make check payable to Waller ISD and remit payment to:

Waller ISD Benefits Department
2214 Waller Street
Waller, Texas 77484

Employee Benefits 2214 Waller Street, Waller, TX 77484 (936) 372-4037 Fax: (936) 931-0396