

POOLING FUNDS/SPLIT PREMIUM

Married employees who are active contributing TRS members may “pool” their local district and state funding to use toward the cost of TRS-ActiveCare coverage. If a husband and wife both work for the participating district, funds may be pooled when:

- One employee selects employee and spouse coverage and the other spouse declines coverage; or
- One employee selects employee and family coverage and the other spouse declines coverage.

If a husband and wife work for different participating districts and wish to pool funds, an *Application to Split Premium* must be completed. For the husband and wife who choose this option, the cost of coverage will be split between and billed to the two employers. Each employer will be billed 50% of the total cost of coverage. The participating district employing the spouse who declined coverage will consider the employee as covered under a group health plan for funding purposes and the participating district premium billing statement will list the employee under their spouse's ID number.

Each employee and the Benefits Administrator must complete their portion of the *Application to Split Premium* form. The form should be submitted to Blue Cross and Blue Shield of Texas with the *Enrollment Application and Change Form* by the benefits office. A link to the *Application to Split Premium* can be found on the Health Portal or on the TRS website. A split premium form is not necessary if both employees work for the same participating district.

Application for split premium can only be done at open enrollment since both participating districts need to have the same effective date of coverage for married employees to split the premium with an exception. If an employee already has employee and family coverage and the spouse is hired by another participating district, the spouse can decline coverage and complete the *Application to Split Premium* to be effective on the first of the month following the spouse's actively at work date.

Requests for split premiums must be signed and submitted to the Benefits Office within the plan enrollment period.