



Blue Access for Employers provides online inquiry and account maintenance capabilities for participating entities in TRS-ActiveCare. To request secured Web access, please complete the information below. A password and instructions for accessing the secured site will be mailed to you within 10 working days of receipt of this form. A separate form is required for each authorized user. In addition, each authorized user must complete a Confidentiality Agreement (on reverse side).

Return original form(s) to:

TRS-Active Care
Fax Number: 972-766-7520

District/Entity Information:

Please print in blue or black ink

TRS Reporting Number: _____ District/Entity Name: _____
Mailing Address: _____
City: _____ State: _____ ZIP Code _____

User Information:

Last Name: _____ First Name: _____ MI: _____
Title: Superintendent/CEO/Director Benefits Administrator (secondary contact)
 Benefits Administrator (primary contact) Benefits Administrator (third contact)
 Other (Explain) _____
Office Phone Number: (_____) _____ Office Fax Number: (_____) _____
Office E-mail Address: _____
Mother's Maiden Name: _____ Last 4 Digits of SSN _____

Login ID/Password:

Your Login ID and password will be mailed to you. Your Login ID and password are solely for your use to only conduct business for/with Blue Cross and Blue Shield of Texas. UNAUTHORIZED USE OF THE ID AND PASSWORD IS PROHIBITED. Sharing of the ID and password is prohibited. Your signature acknowledges full responsibility for the use of this ID and password. Please initial and sign that you have read and agree to the above statements.

Initials _____ Signature _____ Date _____

For Blue Cross and Blue Shield of Texas Use Only:

Role/Access Required:
 Employer Maintenance User Employer View Premium Bill Employer View Membership (Inquiry Only)
Login ID _____ **Password:** standard **Assigned Districts** _____
Date Received _____ **Assigned by** _____ **Extension** _____ **Date Entered** _____