



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 \_\_\_\_\_