

EMPLOYEE ENROLLMENT PREPARATION CHECKLIST

Use this checklist as your guide to help make sure you're ready for your annual open enrollment!

☐ Have your Spouse and Dependent Informa on Ready— Social Security Number and Date of Birth.
☐ Have your Designated Beneficiary Informa on Ready— Date of Birth, Phone Number, State
Have your Primary Care Physician (PCP) Ten Digit ID— Required for TRS Ac veCare Primary+ plan and HMO plan op ons. Provider Search: https://www.bcbstx.com/trsactivecare/doctors-and-hospitals BCBSTX Number: 866 355 5999 PCP ID: PCP ID:
☐ Know your Login Username and Password — Required to login and complete your annual open enrollment. Username: ———————————————————————————————————
The first six (6) characters of your last name, followed by the first le er of your first name, followed by the last four (4) digits of your Social Security Number. If you have six (6) or less characters in your last name, use your full last name, followed by the first le er of your first name, followed by the last four (4) digits of your Social Security Number.
Password:
Last Name (lowercase, excluding punctua on) followed by the last four (4) digits of your Social Security Number.