## **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 In Number and Date of Birth.	formation Ready— Social Security
☐ Have your Designated Beneficiary Inf Phone Number, State	<b>Formation Ready</b> — Date of Birth,
Have your Primary Care Physician (PC TRS ActiveCare Primary+ plan and H Provider Search: <a href="https://www.bcbstx.com/trsa866-355-5999">https://www.bcbstx.com/trsa866-355-5999</a> PCP ID: PCP ID:	MO plan options.
☐ Know your Login Username and Passy complete your annual open enrollm	
Username:	_
the last four (4) digits of your Social Security Num	ame, use your full last name, followed by the first letter
Password:	
Last Name (lowercase, excluding punctuation) followers.	ed by the last four (4) digits of your Social Security
CALL CENTER INFORMATION	LOGIN TO ENROLL
Number: (866) 914-5202	www.muhanafitahuh.com/hirduillaisd

Hours: Monday - Friday 8:00 A.M. - 7:00 P.M.

Se Habla Español