



Texas Retired Teachers Association

313 E. 12th Street, Suite 200 | Austin, TX 78701-1957
800.880.1650 | 512.476.1622 | fax 512.476.1003
Information Hotline 877.880.1651

www.trta.org

2010-2011 TRTA Membership Enrollment Form

(TRTA Membership Year is July 1-June 30)

See payment options below.

Name _____		
Address _____		
City _____	State _____	Zip Code _____
Phone _____	Email _____	
Please check one: <input type="checkbox"/> I am a Regular Member (Receives a TRS annuity) <input type="checkbox"/> I am an Associate Member (Does not receive a TRS annuity)		

Payment options, please check one (see explanation below):

<input type="checkbox"/> 1. Payroll Deduction \$2.08 a month Return BOTH TRTA Membership Enrollment Form & TRS Form 593 to TRTA	<input type="checkbox"/> 2. Annual Dues \$25.00 (Check or Credit) Check # _____ Amount _____
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Please charge my: American Express Discover MasterCard Visa

Credit Card # - - - Expiration Date /

Signature _____

Keep it easy - join through payroll deduction which makes it unnecessary to renew each year.
Please consider joining a TRTA Local Unit, call 800.880.1650 for assistance.

Join TRTA Today
Help Protect, Maintain, & Improve Your Annuity & Health Care Benefits

Two Membership Payment Options

- 1. Payroll Deduction \$2.08 a month**
- a) Complete this Membership Enrollment Form.
 - b) Complete the TRS Form 593-Payroll Deduction Authorization (Download the TRS Form 593 from the TRTA web site www.trta.org located under Membership - Application).

TRTA will process your Membership Enrollment Form and send the TRS Form 593 to the Teacher Retirement System of Texas. Two dollars and eight cents (\$2.08) will be deducted from your TRS annuity check each month to set up your continuing TRTA membership.

- 2. Annual Dues \$25.00 a year (Check or Credit)**
- a) Complete this Membership Enrollment Form.
 - b) Enclose your \$25.00 check payable to the Texas Retired Teachers Association or complete your credit card information for processing.

Once forms are received and entered into the database you will soon receive a TRTA Membership Card showing your personal TRTA ID number. Renewing members will also receive a TRTA Membership Card.



TEACHER RETIREMENT SYSTEM OF TEXAS
 1000 Red River Street, Austin, Texas 78701-2698
 Telephone (512) 542-6400 or 1-800-223-TRST(8778)

TRS 593
 Rev. 07-03

ASSOCIATION DUES
PAYROLL DEDUCTION AUTHORIZATION

MAIL (do not fax) this form to:
 TEACHER RETIREMENT SYSTEM OF TEXAS
 1000 Red River Street
 Austin, Texas 78701-2698

By signing below, I authorize the Teacher Retirement System of Texas (TRS) to withhold each month 1/12 (one-twelfth) of my annual Texas Retired Teachers Association (TRTA) membership dues from my TRS monthly annuity payment. I understand that the amount of TRTA membership dues is set by TRTA (not TRS) and that to receive membership dues information, I must contact TRTA at (512) 476-1622 or 1-800-880-1650. I understand and agree that the monthly deduction from my TRS annuity will *automatically* increase upon the effective date of all future increases in my TRTA membership dues unless this authorization is cancelled in a manner indicated below.

Also, I understand and agree to the following:

- As provided in Texas Government Code §825.507(b)(6), I authorize TRS to disclose to TRTA the following information: date TRS received this form; name and TRTA number reflected on this form; and dates and amounts of dues deductions made from my annuity and if provided below my phone number.
- This deduction will be effective no earlier than my July 1, 2003 annuity payment. However, once begun, this deduction will remain effective until the earliest of the following: 1) the date my annuity terminates for any reason; 2) the date the Association Dues Deduction Agreement between TRS and TRTA is terminated for any reason; or 3) the date of the first annuity payable after the date TRS receives a signed form TRS 594, *Association Dues Payroll Deduction Cancellation*, unless this cancellation form is received by TRS after the monthly payroll cutoff date established by TRS. In that event, the deduction will continue until the first annuity payable for the month after the month in which TRS receives the cancellation form.
- All other appropriate deductions will be made from my annuity before TRTA dues are deducted. If the amount of my annuity payable is not sufficient for such dues deduction, no deduction will occur.
- TRS assumes no liability or responsibility for any disputes, damages or other consequences relating to dues deduction or this authorization.
- **TRS is not affiliated or associated in any way with TRTA, nor is TRTA authorized to act on behalf of TRS.**

To ensure processing of this request, all of the information in the blanks below, except phone number, must be complete and accurate. Please print your name as it appears on the mail you receive from TRS.

Printed Name _____

TRTA Member ID Number _____

Do not submit this form to TRS without your TRTA member number. If you are already a TRTA member and are now requesting payroll deduction for the payment of TRTA dues, please provide your current TRTA member ID number. If you are not currently a TRTA member, wish to join the Association and use payroll deduction, TRTA will assign a member ID number. Call TRTA at (512) 476-1622 or 1-800-880-1650.

Social Security Number _____ Telephone No. _____
 (Optional)

Signature _____ Date _____

A Dental Plan With You In Mind



An Exciting Dental Plan For Members Of The Texas Retired Teachers Association

The TRTA Board of Directors has endorsed a group dental insurance plan for our members. The plan is underwritten by the Ameritas Life Insurance Corp and has been heavily negotiated for our members.

You will enjoy first day access to all covered services if you have had twelve months of continuous coverage with no more than a 60-day lapse in coverage. If you do not have prior coverage, or a lapse of more than 60-days, you will have first day access to preventative and basic services and only a twelve month waiting period on major services.

How do I locate an Ameritas Network Provider or get additional information about the dental benefits?

Contact Ameritas at 1.888.239.3336, or online at www.group.ameritas.com/resources/find.asp

Endorsed by:
Texas Retired Teachers Association

Underwritten by:
Ameritas Life Insurance Corp.



Marketed by:
Association Member Benefits Advisors
6034 W. Courtyard Drive, Suite 300
Austin, TX 78730



**Reimbursement percentages are based on the usual and customary charges for services in your geographical area. All services are subject to limitations and exclusions.*

The master policy is governed by the laws of the state of Texas.

Advantages of Coverage

- Freedom to use your own dentist; NO network required!
- You may choose an Ameritas Network provider and save up to 20-30%
- Your routine cleanings and exams are covered at 100% of the usual and customary rate with no deductible (twice per calendar year)
- \$75 Calendar Year deductible per person (only applies to basic and major services)
- \$1,500 Calendar Year Maximum per person
- Dental rewards – enables your \$1,500 calendar year max to grow to \$2,750!

Dental Plan Highlights

- Preventative Services: 100% coverage*
 - Oral Exams
 - Prophylaxis (teeth cleanings)
- Basic Services: 80% coverage*
 - Fillings
 - X-Rays
 - Crown – Stainless Steel
 - Crown Repair
 - General Anesthesia
- Major Services: 50% coverage*
 - Endodontics (root canals)
 - Crowns – Porcelain
 - Oral Surgery
 - Dentures
 - Periodontics (gum disease)

Monthly Plan Rates

Member	\$45.56
Member + Spouse	\$91.12
Member + Child	\$91.12
Member + Family	\$114.78

Rates Guaranteed through July 2012!

An Eyecare Plan With You In Mind



For Members of the Texas Retired Teachers Association

85% of all you experience is through your eyes

Are you really seeing your best? Or are you simply used to the view? With good vision, your experiences are clearer and sharper!

Besides helping you see better, routine eye exams can detect a number of serious health conditions such as glaucoma, cataracts, diabetes, even cancer.

Convenience for Members

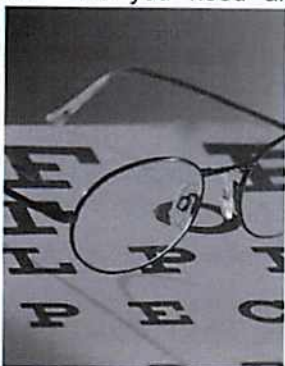
VSP has a network of thousands of doctors, located in rural and metropolitan areas throughout the nation. More than 90% of members have access to a VSP doctor within 10 miles of work and home. VSP doctors provide both eye exams and eyewear, offering a convenient "one-stop" solution for your eyecare needs.

No ID Cards, No Claim Forms. Easy As 1, 2, 3!

1. Find a VSP network doctor at:
www.vsp.com/go/trta or call 800.877.7195.
2. Make an appointment and tell the doctor you are a VSP member.
3. Your doctor and VSP will handle the rest.

Visit www.vsp.com/go/trta today!

What's important to you? Do you need an evening appointment? Interested in a doctor who focuses on sports eyewear or children? Want an online savings statement after you visit a VSP doctor? Searching for information on conditions of the eye? Visit www.vsp.com/go/trta. We think you'll like what you see!



Your Coverage from a VSP Doctor (co-pays apply)

Exam covered in full.....every 12 months

Prescription Glasses:
Lenses covered in full.....every 12 months

- Single vision, lined bifocal, and lined trifocal lenses. *In addition, you can experience significant savings on lens options such as progressive and transitional lenses.*

Frame.....every 24 months

- Frame of your choice covered up to \$ 120.00.
- Plus, 20% off any out-of-pocket costs.

- OR -

Contact Lens Care.....every 12 months

When you choose contacts instead of glasses, your \$120.00 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts. If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained. Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or www.vsp.com/go/trta.

Advantages of Coverage

Without coverage, an exam and prescription glasses can cost \$300 or more. With VSP coverage, you'll save.

Your Co-pays

- Exam.....\$15.00
- Prescription Glasses.....\$25.00
- Contacts.....No co-pay applies

Extra Discounts and Savings

Laser Vision Correction Discounts

Prescription Glasses

- Up to 20% savings on lens extras such as scratch resistant and antireflective coatings
- 20% off additional prescription glasses and sunglasses*

Contacts*

- 15% off cost of contact lens exam (fitting and evaluation)

*Available from the same VSP doctor who provided your eye exam within the last 12 months.

Your Monthly Contribution

- Member Only.....\$10.90
- Member + One.....\$18.85
- Family.....\$23.60

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor you'll receive fewer benefits and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call us first at 800.877.7195.

Out of Network Reimbursement Amounts:

- Exam.....Up to \$45.00
- Lenses:**
- Single Vision.....Up to \$45.00
- Lined Bifocal.....Up to \$65.00
- Lined Trifocal.....Up to \$85.00
- Frame.....Up to \$47.00
- Contacts.....Up to \$105.00

(Co-pays apply)

VSP guarantees service from VSP network doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

TRTA Group Dental Insurance Plan Frequently Asked Questions

How can I find out exactly what services are covered?

For more information regarding plan benefits, you may call Ameritas at 1.888.239.3336.

Can I use my current dentist?

Yes, one of the best features of this plan is that you have the freedom to use your current dentist. However, you may also select one of Ameritas' network dentists who provide services that are discounted by up to 20-30%.

Does the TRTA Dental Plan have a deductible for preventative services such as routine exams and teeth cleanings?

There is no deductible for any preventative services, and cleanings are covered at 100% of the usual and customary rate two times each calendar year.

How does the Dental Rewards feature work?

This feature rewards members who care for their teeth by filing at least one claim during the plan year, but use less than \$750 of their annual benefit. Dental rewards then rolls over \$350 into the next benefit period with a maximum carry over amount of \$1,250. Therefore, your \$1,500 calendar year maximum has the potential to grow to \$2,750! This feature solves the "use it or lose it" benefit problem many dental insurance plans have. By allowing you to roll over part of your unused benefit, you can accumulate higher plan maximums that could be beneficial if major procedures are needed in the future.

Can my spouse and children be covered under the TRTA group dental plan?

Yes, your spouse and dependent children up to the month they turn age 26 are eligible.

Can I use this plan outside of the state of Texas?

You can use this plan all over the United States, Mexico, and abroad as long as the dentist submits your claim to Ameritas in U.S. dollars.

I am not a current member of TRTA, can I join this plan?

If you are not a current TRTA member, you must submit a separate check payable to the Texas Retired Teachers Association in the amount of \$25 for your annual TRTA dues along with your dental application in order to be eligible for this coverage.

My relatives or friends would like to have this coverage, but they are not a retired teacher.

They can join TRTA as an associate member and participate in the plan. Visit www.trtabenefits.com for forms.

Follow These Easy Steps to Enroll in the TRTA Group Dental & Vision Plans

By Mail:

1. Complete the Enrollment Form:

Complete the form in its entirety. Be sure to sign it, and if adding dependents, include each person's Social Security number and date of birth.

2. Include your payment:

Monthly Bank Draft: Enclose a check payable to AMBA for your first month's premium plus the \$20 one time enrollment fee. You must also sign the bank draft authorization on the bottom of the application and include a blank check marked "Void" on the account to be drafted.

3. Mail your completed application to:

Association Member Benefits Advisors, Ltd.,
6034 W Courtyard Dr, Suite 300
Austin, TX 78730



TRTA Group Dental & Vision Plan

Complete this form to enroll in the TRTA Group Dental and/or Vision Plan.
Membership with TRTA is required to enroll in these plans.



Texas Retired Teachers Association Member Information

Member Name (Last, First)	Social Security Number (required)
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Mailing Address

City	State	Zip	Home Phone
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Date of Birth	Gender	Email Address
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Have you had continuous dental coverage for the past 12 months with less than a 60 day gap in coverage?

Yes No If Yes, Carrier Name: _____

Effective Date: ___ / ___ / ___ Termination Date: ___ / ___ / ___

Monthly Dental Coverage Only:
 Member (\$45.56) Member + 1 (\$91.12) Family (\$114.78) \$ _____

Monthly Vision Coverage Only:
 Member (\$10.90) Member + 1 (\$18.85) Family (\$23.60) \$ _____

Monthly Dental + Vision Coverage:
 Member (\$56.46) Member + 1 (\$109.97) Family (\$138.38) \$ _____

Total: Dental Premium + Vision Premium + \$20 One-Time Enrollment Fee \$ _____

Eligible Dependents to be Covered

Name	DOB	Gender	Student	Disabled	Social Security Number
Spouse					
Child					
Child					

Payment

Convenient Monthly Bank Payment Option: Make your check payable to AMBA for your first month's premium plus the \$20 enrollment fee and attach a VOIDED check. Deposit slips are not acceptable. Authorization to honor drafts drawn by Association Member Benefits Advisors (AMBA). I hereby authorize you to initiate debit entries on my account. This authority is to remain in effect until revoked by me in writing and until AMBA receives such notice. I agree that AMBA shall be fully protected in honoring such debit. Non-payment of insurance premium(s) results in the forfeiture of insurance. I authorize future increases and/or decreases in the cost of the plan(s) I selected to be automatically deducted without further authorization from me. NOTE: Bank drafts occur on the 2nd business day of each month.



 Your signature EXACTLY as it appears on your Bank Records _____ Date

Office use only: Effective Date: _____ ACH Date: _____ Entered: _____
 ID _____ MA _____ R _____

TRTA-06/10

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The master policy is governed by the laws of the state of Texas