

TRS Open Enrollment Meeting Attendance Request

Please complete this form if you (Benefit Administrator) would like FirstCare Health Plans to participate in a video meeting or attend an Open Enrollment (OE) meeting at your district.

Benefit Administrator (BA) information:

BA's School District:
BA's Name:
BA's Email:
BA's Phone Number:

We'll need some additional details to help us schedule our participation in your OE event(s):

OE Event Contact Name:		
OE Event Contact Email:		
OE Event Contact Phone Number:		
OE Event Date(s):		
OE Event Street Address:		
OE Event City:	OE Event State:	OE Event ZIP:
Type of Event:	Video Meeting	Onsite Meeting

Please submit this form as soon as possible and one of our agents will contact you to discuss our availability.