

**INITIAL ENROLLMENT APPLICATION
FOR MEDICARE ELIGIBLE RETIREES AND/OR DEPENDENTS**

Ethel A. Educator
19506 Hwy 59N Suite 315
Humble TX 77338

**This application should be completed by the TRP
retiree only if you want to enroll in TRP-Care**

Read all the information provided in your Initial Enrollment packet and the TRP 700AI
Instructions before completing this application

Be advised that all future plan options are subject to change

SECTION A – TRP RETIREE INFORMATION

1. TRP Retiree General Information

Date of birth: 08/25/1956

Gender: Male Female

Marital Status: Single Divorced
 Married Widowed

Primary Phone Number: 281-973-9290

(Adding your phone number is critical in the event we need to contact you about your application)

Emergency contact name and phone number: Emily Educator 281-973-9718

Email address: info@preceptwm.com

Current or last TRP covered employer (i.e. district, charter school, or similar entity):
Precept Independent School District

If mailing address is a PO Box, please provide your physical address:

Street Address City State Zip Code