



TRS Benefits Administrator **Information Update**

Please complete this form to update the Benefit Administrator (BA) information for your school district.

Remember, ensuring FirstCare Health Plans has current district information will help us keep you up-to-date on the latest resources available to Benefit Administrators.

Benefit Administrator Information **BA's School District:** BA's First Name: BA's Last Name: BA's Email: BA's Phone Number: Last 4 of BA's Social Security Number: District's TRS Number: Region Code: **District Group Number:** District Street Address: ZIP: District City: State: **District County:** District Main Telephone Number: