



TEACHER RETIREMENT SYSTEM OF TEXAS
Internal Audit Department
TRS-ActiveCare Dependent Eligibility Audit
1000 Red River Street
Austin, TX 78701-2698
Fax (512) 542-6431

FAX COVER PAGE

Date: _____

To: **Internal Audit**
TRS-ActiveCare Dependent Eligibility Audit

Company/Division: **Teacher Retirement System of Texas**

Fax Number: **(512) 542-6431**

From: _____

of Pages (including cover page): _____

Please send an email to the following address to confirm receipt of these documents:

Message:

CONFIDENTIALITY NOTICE

This transmission and accompanying documents contain information which belongs to the sender and may be confidential and legally privileged. The information is intended only for the addressee above. If you are not the intended recipient, any copying, disclosure, use, or distribution of the information is strictly prohibited. If you have received this transmission in error, please notify us by email at: employeraudits@trs.texas.gov