ERS
Employees Retirement System of Texas

# EMPLOYEES RETIREMENT SYSTEM OF TEXAS (ERS)
# TEXFLEX ENROLLMENT/CHANGE FORM

Information provided to ERS is maintained for managing your benefits. If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify ERS.

**Only for participants with active employee benefits.**

## SECTION A: EMPLOYEE DATA

| Employee name: | SSN | ERS Employee ID |
|---|---|---|
| | | |

**Type of employee:** ☐ **9-month** (Higher Ed) ☐ **12-month**

## SECTION B: ACTION AND REASON CODE (Check only one box.)

**FSC** ☐ Family Status Change **HIR** ☐ New Hire **REH** ☐ Rehire **PHC** ☐ Post Hire Change **LOA** ☐ Leave of Absence
**RED** ☐ Reduction while on LOA **RFL** ☐ Return from Leave

Enter a reason code and event date if you checked the FSC box above.
(See the Family Status Change (FSC) Reference Chart on page 2 before completing.)

| Reason Code: | Event Date: (mm-dd-yyyy) |
|---|---|

## SECTION C: TEXFLEX HEALTH CARE ACCOUNT (Fill out only one of the three options in this section, if applicable.)

☐ **TexFlex Health Care Account –** for eligible medical and dental out of pocket costs excluding insurance premiums, which has a minimum annual pledge of $180 and a maximum annual pledge of $2,500 per tax year. Enrollment/change must be made within 31 days of my employment or qualifying life event. **Note:** If you do not check this box, you will not be enrolled in this account.

**OPTION 1: NEW ENROLLMENT** (Complete only if New Hire/Rehire or Family Status Change.)

| | | |
|---|---|---|
| I want my monthly deduction to be (not to exceed $208 per month): | $ | .00 |
| Number of months left in the plan year (09/01 – 08/31): | x | 0 |
| Annual pledge: | $ | 0 .00 |

**OPTION 2: INCREASE PLEDGE AMOUNT** (Complete only if increasing pledge amount due to a Family Status Change.)

| | | |
|---|---|---|
| Current annual pledge amount: | $ | .00 |
| Increase my annual pledge amount to: | $ | .00 |

**OPTION 3: REDUCTION** (Complete only if reducing pledge amount due to a Family Status Change.)

| | | |
|---|---|---|
| Current annual pledge amount: | $ | .00 |
| Reduce my annual pledge amount to: | $ | .00 |

## SECTION D: TEXFLEX DAY CARE ACCOUNT (Fill out only one of the three options in this section, if applicable.)

☐ **TexFlex Day Care Account** – for eligible child or adult dependent day care expenses, which has a minimum annual pledge of $180 and a maximum annual pledge of $5,000 or the lesser of my or my spouse's annual income that is below $5,000. Enrollment/change must be made within 31 days of my employment or qualifying life event. **Note:** If you do not check this box, you will not be enrolled in this account.

**OPTION 1: NEW ENROLLMENT** (Complete only if New Hire/Rehire or Family Status Change.)

| | | |
|---|---|---|
| I want my monthly deduction to be (not to exceed $416 per month): | $ | .00 |
| Number of months left in the plan year (09/01 – 08/31): | x | |
| Annual pledge: | $ | 0 .00 |

**OPTION 2: INCREASE PLEDGE AMOUNT** (Complete only if increasing pledge amount due to a Family Status Change.)

| | | |
|---|---|---|
| Current annual pledge amount: | $ | .00 |
| Increase my annual pledge amount to: | $ | .00 |

**OPTION 3: REDUCTION** (Complete only if reducing pledge amount due to a Family Status Change.)

| | | |
|---|---|---|
| Current annual pledge amount: | $ | .00 |
| Reduce my annual pledge amount to: | $ | .00 |

## SECTION E: PAYFLEX℠ DEBIT CARD (Mark yes or no.)

The TexFlex Health Care and Daycare accounts have an annual debit card fee should you elect to use the debit card. The fee will be automatically deducted from your account.

I would like to use the PayFlex℠ Debit Card for an annual fee of $15 (pro-rated for new participants), which is deducted from my TexFlex account automatically during my first month of enrollment.

☐ **Yes** (If you already have a card, continue to use that card; otherwise, one will be mailed to you.)
☐ **No**

**Authorization:**

I understand my TexFlex Health Care and/or Day Care enrollment is irrevocable for the plan year, unless I have a qualifying life event or ends upon termination of employment or retirement. I authorize payroll deductions for the amount listed on this form.

I must file all eligible claims for reimbursement by December 31 of the associated plan year in order to utilize any remaining balance from my account(s). I understand that TexFlex account eligibility, enrollment, and benefits information is available from my employer and at, **www.ers.state.tx.us**. I certify that I have read and agree to all of the conditions and participation rules for this program.

Sign:_____ Date:_____

**Family Status Change (FSC) Reference Chart**

A qualifying life event (QLE) is an eligible event that allows you to change your enrollment elections within 31 days of that event. The following are a list of QLEs that correspond with a particular change in your employment or family status. Remember, rules will determine if you can enroll in or make the changes you are requesting.

| Event | Qualifying Life Event (QLE) Example | Reason |
|---|---|---|
| Employee Marital Status Change | Participant gets married | **MAR** |
| | Participant gets a divorce or an annulment | **DIV** |
| | Death of a spouse | **DOD** |
| Dependent Status Change | Birth of a newborn child | **BIR** |
| | Participant adopts, fosters, or gets court-appointed guardianship of child | **ADP** |
| | Participant gains or loses dependent(s) through death | **DOD** |
| | Dependent becomes eligible or loses eligibility for insurance coverage (Example: Participant's spouse is covering their child. The child lost eligibility for the spouse's insurance because the child does not attend school.) | **DEP** |
| | Dependent is related by blood or marriage, and was previously claimed on the participant's income tax return, but is no longer eligible to be claimed on participants income tax return | **XMO** |
| | Child gets married | **DGM** |
| Employment Status Change | Participant/Dependent employment status change | **ESC** |
| | Dependent becomes eligible for insurance after a waiting period | **DWP** |
| Address Change that Changes Dependent Eligibility | Dependent moves out of health or dental plan service area | **DMV** |
| Medicare/Medicaid/CHIP Eligibility Change | Participant/Dependent gains Medicare/Medicaid/CHIP eligibility | **MDG** |
| | Participant/Dependent loses Medicare/Medicaid/CHIP eligibility | **MDL** |
| Significant Change in Cost/ Coverage Imposed by Third Party | Significant change in cost by day care provider | **SCC** |
| | Significant change in cost/coverage of dependent's health or dental plan (excluding GBP) | **SCC** |
| | HIPP approval or loss of eligibility | **SCC** |
| Office of the Attorney General (OAG) Ordered Coverage Change | Participant gains requirement to provide coverage for child through a National Medical Support Notice (NMSN) issued by the Office of the Attorney General (OAG) (Example: employee receives an NMSN to provide health coverage for his child.) | **MSO** |
| (Eligibility rules apply for these dependents) | NMSN issued by the Office of the Attorney General (OAG), which requires participant to provide coverage for child expires (Example: employee's NMSN to provide health coverage for his child expires and the employee is no longer required to continue coverage for the child.) | **MSD*** |

*Employees must contact their benefits coordinator (HHS Enterprise employees contact HHS Employee Service Center) to drop dependent(s) added with a National Medical Support Notice (NMSN).

Benefit changes must be consistent with the QLE. Dependent eligibility and enrollment rules apply.