



EMPLOYEES RETIREMENT SYSTEM OF TEXAS (ERS) TEXTFLEX 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: <input type="checkbox"/> 9-month (Higher Ed) <input type="checkbox"/> 12-month		

SECTION B: ACTION AND REASON CODE (Check only one box.)	
FSC <input type="checkbox"/> Family Status Change HIR <input type="checkbox"/> New Hire REH <input type="checkbox"/> Rehire PHC <input type="checkbox"/> Post Hire Change LOA <input type="checkbox"/> Leave of Absence RED <input type="checkbox"/> Reduction while on LOA RFL <input type="checkbox"/> 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: TEXTFLEX HEALTH CARE ACCOUNT (Fill out only one of the three options in this section, if applicable.)	
<input type="checkbox"/> 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 \$416 per month):	\$.00
Number of months left in the plan year (09/01 – 08/31):	x
Annual pledge:	\$.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: TEXTFLEX DAY CARE ACCOUNT (Fill out only one of the three options in this section, if applicable.)	
<input type="checkbox"/> 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:	\$.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: PAYFLEXSM 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 PayFlexSM 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 (Eligibility rules apply for these dependents)	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
	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.