

ERS

EMPLOYER'S RETIRE

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If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify ERS.

New Employees:

- May elect health coverage at time of hire; however, this coverage will be effective when you have satisfied your waiting period.

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 plan year:

- Use this form to indicate only the changes you want to make.
- Complete this form on or within 31 days after your qualifying life event (QLE) (birth, marriage, etc.).
- Using the chart below, identify a reason code (required in Section C) when changing insurance coverage.

Below are examples of qualifying life events; other similar circumstances may also represent a qualifying life event. Remember, rules will determine if you can enroll in or make the insurance changes you want. You may either enter your changes using your online account at www.ers.texas.gov or send this form to your benefits coordinator.

If you are a Health and Human Services 6 \ V W employee, you may send this form to HHS Employee Service Center. If you do not make changes within 31 days, you may not be eligible to make the changes you want.

Family Status Change Reference Chart

Dependent Status Change	Birth of a newborn child	BIR
	Participant adopts, fosters, or gets court-appointed guardianship, or becomes managing conservator of a 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
Address Change that Changes Dependent Eligibility	Dependent moves out of health or dental plan service area	DMV
6 L J Q L \ A F D Q W & K D Q J H Imposed by Third Party	Significant change in cost by day care provider	SCC
	Significant change in cost/coverage of dependent's health, vision or dental plan (excluding HIPP)	SCC
	HIPP approval or loss of eligibility	SCC