EMPLOYEES RETIREMENT SYSTEM OF TEXAS
TEXFLEX ENROLLMENT/CHANGE FORM

ERS
Employees Retirement System of Texas

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.

After completing this form, please send it to your Benefits Coordinator either via fax or e-mail:
- 866-245-3659
- hhsservicecenter.bef@ngahrhosting.com

Only for participants with active employee benefits.

SECTION A: EMPLOYEE DATA

Employee Name:	SSN	ERS Employee ID
Type of employee: ☐ **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 **DTA** ☐ FTE to PTE/PTE to FTE

Enter a reason code and event date if you checked the FSC box above.
See the Family Status Change (FSC) Reference Chart on page 3 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, vision and dental out-of-pocket costs excluding insurance premiums. Program has a minimum annual pledge of $180 and a maximum annual pledge of $2,700 per tax year. Enrollment/change must be made within 31 days of your employment or qualifying life event. You will receive a TexFlex debit card, at no cost, to pay for eligible expenses. There is no annual administrative fee for the TexFlex health care account. **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 $225 per month):	$ .00
Number of months left in the plan year (September 1 – August 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.)	
Increase my annual pledge amount to:	$ .00
Reduce my annual pledge amount to:	$ .00

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

☐ **TexFlex Dependent Care Account** – for eligible child or adult dependent care expenses. Program has a minimum annual pledge of $180 and a maximum annual pledge of $5,000 or the lesser of your spouse's or your annual income that is below $5,000. Enrollment/change must be made within 31 days of your employment or qualifying life event. The TexFlex debit card is not available to pay for dependent care expenses. There is no annual administrative fee for the TexFlex dependent care account. 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 (September 1 – August 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: TEXFLEX LIMITED FLEXIBLE SPENDING ACCOUNT (Fill out only one of the three options in this section, if applicable.)

Enrollment in the TexFlex limited flexible spending account (LFSA) is only applicable if you are enrolled in Consumer Directed HealthSelect℠ ☐ **TexFlex LFSA** – for eligible dental and vision out-of-pocket costs excluding healthcare costs. Program has a minimum annual pledge of $180 and a maximum annual pledge of $2,700 per tax year. You must enroll or make any changes within 31 days of your employment or qualifying life event. You will receive a TexFlex debit card, at no cost, to pay for dental and vision expenses. There is no annual administrative fee for the TexFlex LFSA. 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 $225 per month):	$	.00
Number of months left in the plan year (September 1 – August 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

Authorization:

I understand my TexFlex health care, dependent care, and/or limited flexible spending account enrollment is irrevocable for the plan year, unless I have a qualifying life event, terminate employment or retire. I authorize payroll deductions for the amount listed on this form.

I understand I have until August 31 to incur health care expenses for the plan year and can carry over a minimum of $25, up to $500 of my TexFlex health care account balance to the next plan year. Any amount over $500 will be forfeited.

I understand I have until August 31 to incur eligible dental or vision expenses for the plan year and can carry over a minimum of $25, up to $500 of my TexFlex limited flexible spending account balance to the next plan year. Any amount over $500 will be forfeited.

I understand I have until November 15 to incur dependent care expenses for the plan year. The carryover is not allowed for the TexFlex dependent care account.

I must file all eligible claims for reimbursement by December 31 of the associated plan year.

I understand that TexFlex account eligibility, enrollment and benefits information is available from my employer and at **www.ers.texas.gov**. I certify that I have read and agree to all of the conditions and participation rules for this program.

Sign:_____ Date:_____

New Employees:

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

Employees making changes to their benefits options during the 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 System 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

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, 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**
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 byThird Party	Significant change in cost by day care provider	**SCC**
	Significant change in cost/coverage of dependent's health, vision 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****

* DEPENDENT ENROLLMENT INFORMATION:

CHIPRA requires a 60-day QLE window to notify ERS if:

1. The dependent is not in the GBP and loses their eligibility for Medicaid or CHIP OR
2. The dependent is not in the GBP and they become eligible for premium assistance through Medicaid or HIPP, they have 60 days to enroll in the GBP.

DROP DEPENDENT COVERAGE INFORMATION:

In other QLE instances related to Medicaid or CHIP there is the usual 30-day window to drop dependents from the GBP.

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

You may be asked to show proof of the QLE and will be required to submit documentation for newly enrolled dependents, proving their eligibility.