



VERIFICATION OF INSURANCE

You may either enter your changes using your online account at www.ers.texas.gov or send this completed form to:
Employees Retirement System of Texas
Customer Benefits
P.O. Box 13207
Austin, Texas 78711-3207
Toll-free (877) 275-4377
Fax (512) 867-7438

**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.**

This form should be used only to notify ERS that emergency medical attention is needed for a member/dependent(s) who does not show coverage on the health insurance carrier's system.

**DO NOT FAX THIS FORM TO THE INSURANCE CARRIER.
 PLEASE FAX THE COMPLETED FORM TO ERS CUSTOMER BENEFITS.**

Insurance Carrier	Effective Date	Member's Name
Last 4 digits of Member's SSN	Reason For Requesting Verification	
XXX-XX-		
Hospital Name	Hospital/Dr. Contact Name/Phone #	
Member/Dependent(s)	PCP Name	PCP Id

Pharmacy verifications can take up to 24 hours to process.