

# Greetings from ERS<sup>®</sup>

EMPLOYEES RETIREMENT  
SYSTEM OF TEXAS

2024 Fall Enrollment  
Oct. 28 – Nov. 15

## It's your chance to make changes for the road ahead

The Texas Employees Group Benefits Program (GBP) offers benefits to all Medicare-eligible State of Texas retirees and their eligible dependents and survivors. It's time to review your benefit options, make changes or add dependents. Your changes take effect Jan. 1, 2025. If you're happy with your current benefits, no problem! If you're keeping the same coverage, you don't need to do anything.



## Points of interest

- New HealthSelect<sup>SM</sup> Medicare Advantage Plan rates (page 5)
- Introducing the new UCard for HealthSelect Medicare Advantage participants (page 7)
- Four new wellness programs for HealthSelect<sup>SM</sup> Secondary participants (page 5)
- HealthSelect Secondary out-of-pocket maximums change (page 5)
- Two-factor authentication now available (page 3)

**Note:** The Texas Legislature decides the level of funding for all GBP benefits and has no continuing obligation to provide those benefits beyond each fiscal year.



## Your road trip checklist

### What's the best route?

- Review your Personal Benefits Enrollment Statement (PBES), or log in to your ERS OnLine account at **ers.texas.gov** to see your current benefits.
- Join a webinar or in-person fair to learn about new updates or changes to your coverage.
- Decide if you want to change your coverage or add dependents.

### Hit the road

- To make changes, log in to your ERS OnLine account at **ers.texas.gov**, call ERS or mail/email your completed enrollment form.
- Not making any changes? No problem. You don't have to do anything.

### Arrive at your destination

- Once you've either completed the form, made your changes online, or talked to an ERS benefits counselor, provide any necessary documents by the correct deadline.
- If you made changes to your benefits, you can begin using them Jan. 1, 2025.



## Call, mail or go online to make benefits changes

Log in to your ERS OnLine account at **ers.texas.gov**. (Survivors cannot make changes online.)

Call **(866) 399-6908 (TTY: 711)**.

Mai a completed Retiree Fall Enrollment Form to the address at the top right of the form.

Scan and email a completed Retiree Fall Enrollment Form to **ERScustomer.service@ers.texas.gov**.

### You can do these any time of the year:

- Switch between the HealthSelect<sup>SM</sup> Medicare Advantage Plan and HealthSelect<sup>SM</sup> Secondary plans.
- Drop any coverage for yourself or your dependents. Retirees who drop coverage cannot re-enroll until Fall Enrollment 2025 or within 31 days of a qualifying life event. Survivors who drop coverage can never re-enroll.
- Make the following changes from your ERS OnLine account:
  - update your mailing address, phone number or email address;
  - start the process to designate or update beneficiaries; and
  - certify whether anyone enrolled in a GBP health plan uses tobacco and recertify when their status changes.

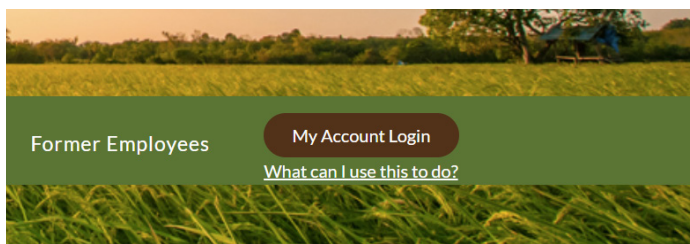
### What if I have changes outside of Fall Enrollment as a Medicare-eligible retiree?

You can still make the following changes within 31 days of a qualifying life event:

- add new coverage;
- make changes to your benefit elections; and/or
- enroll your eligible dependent in coverage.



# Need help logging in to your ERS OnLine account?



Visit [ers.texas.gov](https://ers.texas.gov) and choose “My Account Login”

Proceed to “Login” or “Register Now” if it’s your first time. Enter your username and password.

Make sure your contact information is correct under the “My Personal Information” section.

In the “Benefits Enrollment” section, choose the “edit” box in front of the benefit option you want to change. Do this for each election you want to change.

Submit each of your changes. To save, hit “Submit” on the main Benefits Enrollment page. We will email you confirmation of your changes, if you have a current email address listed in ERS OnLine; if not, we will mail confirmation.

## ► POINT OF INTEREST



## Have a safe trip

### Protect your information with two-factor authentication

You now have the option to enroll in two-factor authentication, a security method that requires you to provide additional verification to gain access to your ERS OnLine account. Two-factor authentication requires you to input a code that is emailed or texted to you, in addition to providing your username and password.

This extra step adds an additional layer of security to protect your information. You might already use two-factor or multi-factor authentication for other websites and apps. ERS OnLine’s new process is similar to some of those authentication methods.

### Enrolling is simple:

1. Log in to your ERS OnLine account.
2. Click the “**Two Factor Authentication (2FA)**” link from the homepage.
3. Verify your contact information is correct (edit if necessary) and “**Enroll.**”

### Once you enroll, follow these steps every time.

1. Log in to ERS OnLine with your username and password.
2. At the prompt, request a code be sent to your email address or cell phone number.
3. Check your chosen delivery option:
  - Check your email for a message from “**donotreply@ers.texas.gov**” or your mobile phone for a text from **(855) 542-1424**.
4. Enter the six-digit code from the message and “**Submit.**” You must enter the code within 10 minutes or it will expire, and you will have to repeat the steps to get a new code.
5. Proceed with your activity in the system once you see the ERS OnLine homepage.

### Voluntary protection

You can opt in or out of two-factor authentication at any time. There is no penalty for not enrolling.

Call **(877) 275-4377** for questions.

## BRING THE FAMILY

# Certifying and verifying newly added dependents

## Certifying children for *any* insurance coverage

If you are enrolling a dependent child in insurance coverage *for the first time*, you must certify their eligibility by completing the Dependent Child Certification form.

### How do I certify dependent children?

Online	OR	By Mail
Log in to your ERS OnLine account and click "Benefits Enrollment" under "My Insurance Information."		Complete and print the Dependent Child Certification form for each dependent child and mail it to the ERS address listed on the form. You can find the form at <b>Home</b> → <b>Retirees</b> → <b>Rates and Forms</b> → <b>Find forms</b> .

## Verifying a dependent for *health* insurance coverage

If you are enrolling a spouse or dependent child in health insurance *for the first time*, you must verify their eligibility by completing the Dependent Eligibility Verification process.

### Verify in 3 steps

#### STEP 1:

Add your eligible dependents (online, by phone or by mail) to health coverage and certify any dependent children.

#### STEP 2:

You will get a letter from **Alight Solutions** outlining which documents to submit and the deadline to submit them.

#### STEP 3:

Submit the documents by the deadline.



## Adding dependents previously not verified through the dependent eligibility verification process

If you missed the verification deadline before or did not submit the correct documentation, you can add dependents during Fall Enrollment; however, you must submit your documentation to ERS, not Alight Solutions.

Find a list of supporting documents at [ers.texas.gov](https://ers.texas.gov) → **Retirees** → **Eligibility** → **Eligibility Requirements**.

Send your documents along with a note stating:

- your name, last four digits of your SSN and phone number,
- the name of each dependent you are adding and
- specific coverage type(s) you want to add them to (examples: HealthSelect of Texas, State of Texas Dental Choice, etc.)

Mail, fax or email the documentation to ERS. (Do not mail the originals. We cannot return the documents to you.) Emailed or faxed documents must arrive no later than **Nov. 15, 2024**. Mailed documents must be postmarked by **Nov. 15, 2024**.

## Open and read your mail

It's very important that you open and read any mail you get from **Alight Solutions**, the third-party administrator for dependent eligibility verification. If you have questions, call Alight Solutions toll-free at **(866) 416-4091 (TTY: 711)**, Monday – Friday, 7 a.m. – 7 p.m. CT.

### Remember:

- If you are enrolling children for the first time in health insurance, you must submit *both* the Dependent Child Certification form and complete the Dependent Eligibility Verification process.
- Don't miss the deadline or your dependents will be ineligible and lose coverage in all plans.





## PICK YOUR BEST ROUTE

### Your health insurance options

ERS offers you two health insurance options: the HealthSelect<sup>SM</sup> Medicare Advantage Plan preferred provider organization and HealthSelect<sup>SM</sup> Secondary. Both plans work with Medicare to cover your health insurance costs and both include HealthSelect<sup>SM</sup> Medicare Rx Part D prescription drug coverage at no additional cost to you. (See page 9 for information on HealthSelect Medicare Rx.)

#### Medicare basics

Once you are retired and eligible for Medicare, your state health insurance will no longer pay primary on your medical services. Medicare will pay primary.

Enrolling in Medicare Parts A and B when you're first eligible will keep your medical costs as low as possible. The same is true for your covered dependent(s).

Medicare covers 80% of your medical services, after you have met the \$240 Medicare deductible. If you do not enroll in Medicare when you're eligible, you will be responsible for the 80% Medicare would have covered.

#### What plan should I choose?

You're unique, so we recommend reviewing each plan to see how it fits your and/or your family's needs. Are cost savings important? How often do you see the doctor? Review each of the plans before you make a decision. And remember, you can switch between plans any time of the year.

#### ► POINTS OF INTEREST

##### HealthSelect Medicare Advantage premium rates increasing

HealthSelect Medicare Advantage rates are increasing by 4.5%, but still remain lower than 2020 rates, before UnitedHealthcare began insuring the plan. See the 2025 rates in your Personal Benefits Enrollment Statement that came with this guide.



##### New programs for BCBSTX participants

HealthSelect Secondary members now have access to new programs. [Buena Vida](#) can help you better your financial, physical and mental well-being. [Hello Heart](#) focuses on heart health. [Hinge Health](#) targets musculoskeletal care. [Learn to Live](#) is an on-demand mental health program. (Find out more at [healthselectoftexas.com](https://healthselectoftexas.com))

##### Out-of-pocket maximums increasing

The HealthSelect Secondary health plan's total annual in-network out-of-pocket maximums (medical and pharmacy combined) increase to \$8,050 for individual coverage (up from \$7,500) and \$16,100 for family coverage (up from \$15,000) to align with the IRS maximums.



## AVOID DETOURS

### Other plans

Advertisements for other Medicare Advantage plans and Part D plans are everywhere, but the HealthSelect Medicare Advantage Plan provides nationwide coverage and benefits beyond Original Medicare. It's a custom group plan designed for eligible retirees in the Texas Employees Group Benefits Program. You can't get it anywhere else. Once you enroll, you're also enrolled in our Part D plan: HealthSelect Medicare Rx.

#### What if I enroll in another Medicare Advantage Plan or Part D plan?

You can't be enrolled in HealthSelect Medicare Advantage and/or HealthSelect Medicare Rx at the same time as another Medicare Advantage or Part D plan.

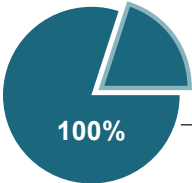
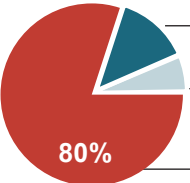
If you enroll in a non-ERS Medicare Advantage plan and/or a non-ERS Part D plan, ERS will automatically enroll you in the HealthSelect Secondary plan, but you could lose your HealthSelect Medicare Rx coverage. If you are not sure what other Medicare Advantage and/or Part D plan you are enrolled in, please call the federal Centers for Medicare and Medicaid Services at (800) 633-4227 (TTY: 877-486-2048).





## Choose from two health insurance plans

For a more detailed comparison, see our Health Plans Comparison Chart for the out-of-pocket costs of specific medical services and whether they are covered by each plan at [ers.texas.gov/FE-2024](https://ers.texas.gov/FE-2024).

	HealthSelect Medicare Advantage PPO	HealthSelect Secondary
	<b>HealthSelect<sup>™</sup></b> <b>Medicare Advantage Plan</b> Insured by UnitedHealthcare®	<b>HealthSelect<sup>®</sup></b> of Texas Administered by Blue Cross and Blue Shield of Texas (BCBSTX)
About the plan	<p>This is a Medicare Part C plan that works with Medicare Parts A and B to cover up to 100% of most of your services. You can see any provider that participates in Medicare. We recommend choosing providers that are willing to bill UnitedHealthcare directly to avoid submitting claims for reimbursements.</p>  <p>100% — UnitedHealthcare works with Medicare to cover 100%</p>	<p>This plan usually pays secondary to Medicare and in some cases pays primary if a service is not covered by basic Medicare. Once you meet the deductible for this plan, Medicare usually pays 80% of covered services.</p> <p>This plan pays 70% of the allowable amount remaining to be paid on your claims, whichever is less. You're responsible for the rest.</p>  <p>80% — HealthSelect pays 70% of the 20% Medicare doesn't cover. You pay 30% of the 20% Medicare doesn't cover. Covered by Medicare</p>
Eligibility	You and your Medicare-eligible dependents must be enrolled in Medicare Parts A and B. You cannot enroll in this plan until you provide ERS with your Medicare information.	You and your Medicare-eligible dependents must be enrolled in Medicare Parts A and B and provide ERS with your Medicare information to get the full benefits of this plan.
Prescription drug coverage	Yes, with HealthSelect Medicare Rx	Yes, with HealthSelect Medicare Rx
Medical deductible	None	\$200 per person (\$600 per family) <b>Note:</b> This deductible runs concurrently with the \$240 Medicare deductible. Once you meet the \$200 deductible, you will only have \$40 left to pay on the Medicare deductible before Medicare and the plan pay.
Copays	\$0	\$0
Coinsurance	30% for private-duty nursing	You pay 30% of the 20% that Medicare does not cover. HealthSelect Secondary pays the other 70% of what Medicare doesn't cover. (See above.)
Extra benefits	Let's Move, SilverSneakers, Renew Rewards, Real Appeal, Healthy Benefits Plus and more	Buena Vida, Real Appeal, Wondr, Hello Heart, Hinge Health, Learn to Live and more



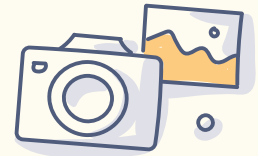
## Split households: When your dependent is not eligible for Medicare

A “split household” is when you’re eligible for Medicare, but a covered dependent isn’t yet eligible. You can enroll in HealthSelect Medicare Advantage while your dependent remains enrolled in HealthSelect of Texas. Once your dependent enrolls in Medicare, call ERS with their Medicare information and we’ll enroll them in the same health plan as you, including HealthSelect Medicare Rx prescription drug coverage.



### ► POINT OF INTEREST

## The all-in-one UCard for HealthSelect Medicare Advantage participants



By Jan. 1, 2025, HealthSelect Medicare Advantage participants will receive a new member ID card that combines all the benefits and reward programs into one simple experience, including your Healthy Benefits + OTC benefits. You will be able to use the UCard:

- the same way you use your current medical insurance ID card;
- to buy over-the-counter products through the Healthy Benefits + program;
- to spend your earned rewards on eligible items like gifts, clothing and more;
- to go to any gym that participates in Silver Sneakers.

You will be able to check your OTC or rewards balances online or by calling Customer Care. Your UCard will look different than your current HealthSelect<sup>SM</sup> ID card and have a magnetic stripe. Swipe your UCard when it's time to check out with your OTC purchases or rewards, just like you would with any other credit or debit card. **Please note:** OTC purchases can only be made at stores that participate in the Healthy Benefits + network. For more information on the UCard, contact UnitedHealthcare.

**You will still use your HealthSelect Medicare Rx card when buying prescription drugs and certain supplies.**



## Taking your own car? -----

### If you have health insurance elsewhere, you still have options

If you're a retiree and have other health insurance (excluding Medicare) you have options.

 **The Health Insurance Opt-Out Credit** 

 **Waive your health insurance** 

#### The Health Insurance Opt-Out Credit

If you have other health insurance (excluding Medicare) that's as good as or better than what the state provides, you can choose the Health Insurance Opt-Out Credit. The credit is up to \$60 per month for full-time retirees or up to \$30 per month for part-time retirees. The credit can apply toward Texas Employees Group Benefits Program dental insurance and/or State of Texas Vision<sup>SM</sup> premiums. There is no refund for any unused portion of the \$60 or \$30 credit.

Elect the Opt-Out Credit by logging in to your ERS OnLine account, by calling ERS, mailing the form at the back of this guide, or scanning and emailing the completed form to ERS. If you choose the Health Insurance Opt-Out Credit, you won't have the state-issued health insurance, \$2,500 Basic Term Life Insurance or prescription drug coverage.

#### Waiving your health insurance

If you waive your health insurance, you won't have the state-issued health insurance, \$2,500 Basic Term Life Insurance or prescription drug coverage.



#### Tobacco-use status

If you or your dependents (including children) use any kind of tobacco products and are enrolled in health insurance, you must certify your status as tobacco users or non-users.

You can change your status at any time through your ERS OnLine account, or during Fall Enrollment through your ERS OnLine account, by calling ERS or by mailing in a completed form. Find the form at [ers.texas.gov](https://ers.texas.gov) → **Retirees** → **Find Forms**.



#### Choose to Quit

You may qualify for an alternative to the tobacco-user premium called "Choose to Quit." For more information, view the tobacco policy at [ers.texas.gov](https://ers.texas.gov) → **Retirees** → **Health Benefits** → **Read about ERS' tobacco policy**.





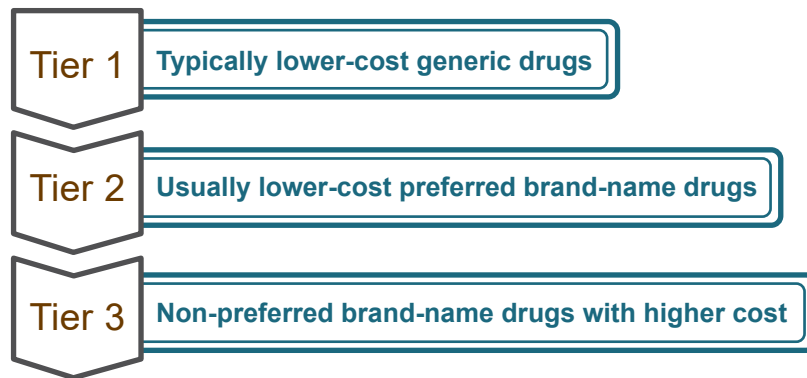
PACK THE ESSENTIALS

## Prescription drug coverage



Medicare-enrolled retirees, dependents and survivors who have provided ERS with their Medicare information and are enrolled in HealthSelect Medicare Advantage or HealthSelect Secondary are automatically enrolled in HealthSelect Medicare Rx. This plan is a Medicare Part D prescription drug program with a yearly deductible of \$50. This deductible resets every Jan. 1. If you are enrolled in HealthSelect Secondary, you will pay this in addition to your medical deductible. (See page 6.)

In this plan, prescription drugs fall into three categories, called tiers. There are different copays for each:



**TIP:** You can lower your own health care costs and those of the plan by using generic drugs whenever possible.

### Buying prescriptions: Know your options

You may fill up to a 90-day supply of certain medications you take long-term by ordering through Express Scripts' pharmacy or an Extended Days' Supply (EDS) pharmacy.

### What if I decline HealthSelect Medicare Rx coverage?

You won't have any prescription drug coverage through the state. A covered dependent can't decline coverage unless the eligible member who covers them also declines it.

Please be aware:

- Medicare assesses a penalty for Medicare-eligible individuals who do not have prescription drug (Part D) coverage.
- Most Part D plans will not coordinate with the HealthSelect Medicare Advantage plan. If you enroll in a Part D plan not offered by ERS, you could be removed from the HealthSelect Medicare Advantage plan and placed in the HealthSelect Secondary plan.





GO MILES WITH A SMILE

## Dental insurance



### Which plan works best for you?

We recommend reviewing each plan to see how it fits your family's needs. If you're considering the dental health maintenance organization, is your preferred dentist in the service area? Are you or your dependent planning to see an orthodontist? How often do you see the dentist? Review each of the plans before you make a decision.

	<div>STATE OF TEXAS <b>DENTAL CHOICE</b> PLAN</div>	DeltaCare® USA
	<b>State of Texas Dental Choice Plan PPO</b> This is a preferred provider organization (PPO) dental insurance plan.	<b>DeltaCare USA DHMO</b> This is a dental health maintenance organization (DHMO) insurance plan.
	<b>Nationwide</b>	<b>Only in Texas</b>
<b>Where can I use this plan?</b>	You can see any dentist in the U.S., Canada or Mexico but you generally pay less if you stay in one of the plan's two networks: <ul style="list-style-type: none"><li>• Delta Dental PPO</li><li>• Delta Premier</li></ul> <b>Note:</b> Delta Premier dentists can charge higher rates.	Coverage applies only to dentists in the Texas service area. Before you enroll, make sure there is a DeltaCare USA network dentist in your area.
<b>Is a primary care dentist (PCD) required?</b>	<b>No</b> , but the plan pays more if you use an in-network dentist.	<b>Yes</b> . Make sure there is a PCD in your area before enrolling in this plan. You and your enrolled dependents can choose different PCDs.
<b>Deductible</b>	<b>Yes</b> . The amount differs for in-network and out-of-network dentists.	<b>No</b>
<b>Copays/coinsurance</b>		<b>Yes</b> , depending on the service.



Check the Discount Purchase Program for dental discounts.

# Dental plans comparison chart

This is a summary of benefits. See plan booklets for actual coverage and limitations.

	State of Texas Dental Choice Plan PPO – In-Network	State of Texas Dental Choice Plan PPO – Out-of-Network	DeltaCare® USA DHMO (Services from participating PCDs only)
Dentists	In-network dentist	Out-of-network dentist	You must select a primary care dentist (PCD).  NOTE: Not all in-network dentists accept new patients. Dentists are not required to stay on the plan for the entire year.
Deductibles	<b>Preventive:</b> Individual–\$0; Family–\$0 <b>Combined Basic/Major:</b> Individual–\$50; Family–\$150 <b>Orthodontic services:</b> no deductible  In State of Texas Dental Choice, deductibles are based on the calendar year and reset on Jan. 1.	<b>Preventive:</b> Individual–\$50; Family–\$150 <b>Combined Basic/Major:</b> Individual–\$100; Family–\$300 <b>Orthodontic services:</b> no deductible	None
Copays / coinsurance	<b>Preventive and Diagnostic Services:</b> none <b>Basic Services:</b> 10% coinsurance after meeting the basic services deductible <b>Major Services:</b> 50% coinsurance after meeting the major services deductible  There is no charge for anything over the allowed amount.  After reaching the maximum calendar year benefit, the participant pays 60% until January 1.	<b>Preventive and Diagnostic Services:</b> 10% coinsurance after meeting the preventive and diagnostic deductible <b>Basic Services:</b> 30% coinsurance after meeting the basic services deductible <b>Major Services:</b> 60% coinsurance after meeting the major services deductible  Participants may be required to pay the difference between the allowed amount and billed charges.  Once the maximum calendar year benefit is reached, the participant pays 100% until January 1.	<b>Primary care dentist (PCD):</b> Copays vary according to service and are listed in the “Schedule of Dental Benefits” booklet.  <b>Specialty dentistry:</b> 75% of the dentist's usual and customary fee when specialty care is coordinated by the PCD (DHMO pays nothing)
Calendar year maximum (Jan. 1 - Dec. 31) benefits for basic and major services only	\$2,000 per covered individual, including orthodontic extractions  Note: After the \$2,000 is exhausted, additional Basic and Major benefits are covered with 40% coinsurance.	\$2,000 per covered individual, including orthodontic extractions	None; copayments apply
Maximum lifetime benefits for orthodontic services only	\$2,000 per covered individual	\$2,000 per covered individual	None; copayments apply
Average cost of cleaning / oral exams	Up to two cleaning/oral exams per calendar year allowed	10% of the allowed amount after deductible is met  Up to two cleaning/oral exams per calendar year allowed	Vary according to service and are listed in the “Schedule of Dental Benefits” booklet  Up to two cleaning/oral exams per calendar year allowed
Orthodontic coverage	50% of the allowed amount	50% of the allowed amount  Participants may be required to pay the difference between the allowed amount and billed charges.	<b>Orthodontic services performed by a general dentist listed in the directory with a “0” treatment code:</b> child–\$1,800; adult–\$2,100  <b>Orthodontic services performed by a specialist:</b> 75% of the usual fee (plan pays \$0)



## SEE THE SIGHTS Vision insurance

STATE OF TEXAS  
**VISION**

If you wear contacts or glasses, you can save money with State of Texas Vision<sup>SM</sup>.

EyeMed Vision Care, LLC is the administrator of State of Texas Vision. Plan participants have access to EyeMed's INSIGHT network, which includes independent, national and regional retailers and online providers.

### For less than \$60 annually (individual retiree/survivor coverage), State of Texas Vision offers:

- One comprehensive eye exam at any time during the plan year
- An annual \$200 retail allowance to use toward either eyeglass frames or contact lenses
- Discounts for Lasik

### Does State of Texas Vision cover eye conditions like glaucoma or cataracts?

No. Your HealthSelect Medicare Advantage or HealthSelect Secondary plan covers eye conditions and diseases like glaucoma and cataracts, and eye injuries. Your medical plan also covers an annual eye exam but doesn't cover glasses or contacts.

For a complete list of plan benefits and a list of providers, visit [StateofTexasVision.com](https://www.StateofTexasVision.com).

Vision Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
<b>Exam services</b>		
<b>Exam</b>	\$15 copay <sup>1</sup>	Up to \$40 after \$15 copay
<b>Contact lens fit and follow-up<sup>2</sup></b>		
<b>Fit and follow-up – standard</b>	\$25 copay <sup>1</sup>	Up to \$100
<b>Fit and follow-up – premium</b>	\$35 copay <sup>1</sup>	Up to \$100
<b>Frame</b>		
<b>Frame</b>	\$200 retail allowance; 20% off amount over \$200	Up to \$75
<b>Lenses</b>		
<b>Single vision</b>	\$10 copay <sup>1</sup>	Up to \$30
<b>Bifocal</b>	\$15 copay <sup>1</sup>	Up to \$45
<b>Trifocal</b>	\$20 copay <sup>1</sup>	Up to \$60
<b>Progressive – standard<sup>3</sup></b>	\$70 copay plus bifocal \$15 <sup>1</sup>	Not covered
<b>Lens options</b>		
<b>Polycarbonate - standard</b>	\$40 copay <sup>1</sup>	Not covered
<b>Scratch coating - standard plastic</b>	\$10 copay <sup>1</sup>	Not covered
<b>Tint - solid and/or gradient</b>	\$10 copay <sup>1</sup>	Not covered
<b>UV treatment</b>	\$10 copay <sup>1</sup>	Not covered
<b>Anti-reflective coating - standard</b>	\$40 copay <sup>1</sup>	Not covered
<b>Contact lenses</b>		
<b>Contacts - elective</b>	\$200 allowance	Up to \$200
<b>Contacts - medically necessary</b>	\$0 copay	Up to \$210
<b>Other</b>		
<b>LASIK or PRK from U.S. Laser Network</b>	15% off retail or 5% off promo price; call (800) 988-4221	Not covered
<b>Retinal imaging</b>	You are responsible for 100% of the cost, which is up to \$39 for EyeMed customers.	Not covered

<sup>1</sup> Covered in full after copay is met.

<sup>2</sup> A contact lens fit and follow-up has its own copay and is separate from the eye exam copay. Standard contact lens fit and follow-up applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Premium contact lens fit and follow-up applies to new contact wearers and/or a participant who wears toric, gas permeable, or multi-focal lenses.

<sup>3</sup> Standard progressive lenses are covered in full after a \$70 progressive lens copay and the \$15 bifocal lens copay. Premium progressive lenses are covered up to the in-network plan payment for standard progressive lenses.



## PACK FOR EMERGENCIES

### Life insurance (retirees only)

If you're a retiree enrolled in one of ERS' health plans, your health insurance comes with Basic Term Life Insurance that pays \$2,500 to your beneficiary upon your death. If you want additional retiree coverage, you have options.

**Note:** Life insurance isn't available to survivors.

	Optional Term Life Insurance	Retiree Fixed Optional Life Insurance
<b>Eligibility</b>	Only for retirees who are already enrolled	Available to retirees not enrolled in Optional Term Life Insurance, or retirees who choose to reduce their Optional Term Life Insurance to this option
<b>Coverage</b>	You can continue at Election 1 or 2 times your last annual salary. If you decrease from Election 2 to Election 1, you can never increase it. Coverage decreases at age 70 and every five years after that. (See below.) When the coverage amount drops to \$10,000, the plan automatically switches to the Retiree Fixed Optional Life Insurance.	Pays \$10,000 to your beneficiary upon your death
<b>Premiums</b>	Based on your election, your salary and your age	\$24.80 per month in Plan Year 2025
<b>When can I make changes?</b>	You can decrease/drop your coverage without EOI at any time, not just during Fall Enrollment. As a retiree, you cannot enroll in or increase this coverage.	You can apply for this coverage through EOI during Fall Enrollment or within 31 days of a qualifying life event. You can drop coverage any time.
<b>Does it require EOI? (Read about EOI on page 14)</b>	N/A	Yes

### How your age affects your Optional Term Life Insurance

Age on Jan. 1	Percentage of original coverage amount
70-74	65%
75-79	40%
80-84	25%
85-89	15%
90 and over	10%

Starting at age 30, your Optional Term Life Insurance premiums increase every five or 10 years. (See the rate sheet for exact amounts and timing.) In addition, rates could change annually based on plan costs.

Starting at age 70, your Optional Term Life Insurance coverage automatically decreases every five years.

### Dependent Term Life Insurance

You also have the option of covering eligible dependents in dependent term life insurance. For an additional monthly premium, you can apply through EOI.

	Dependent Term Life Insurance
<b>Eligibility</b>	Available only to eligible dependents
<b>Coverage</b>	Pays \$2,500 upon the death of a dependent
<b>Premiums</b>	The 2025 premium is \$3.23 per month. This covers all your eligible dependents, but you must list each one on your policy. Please note that the premium could change from year to year based on plan costs.
<b>When can I make changes?</b>	You can enroll dependents during Fall Enrollment or within 31 days of a qualifying life event. You can drop coverage or a dependent any time.
<b>Does it require EOI?</b>	To enroll a dependent, you must apply through EOI.





## Evidence of insurability

Evidence of insurability (EOI) is an application process in which you provide information about your health or the health of your dependents.

**When is it required?** You must complete the EOI process if you are:

- enrolling in the Retiree Fixed Optional Life Insurance or
- adding a dependent to Dependent Term Life Insurance.

### How do I complete the EOI process?

Following your enrollment request, start the EOI process.

#### Step 1:

Log in to your ERS OnLine account or call ERS.

#### Step 2:

Read and follow the instructions sent to you by the EOI underwriter.

#### Step 3:

Complete and submit your application within 31 days.

The EOI underwriter may request additional information before making a decision. Your coverage may also be denied based on the information provided on your application. If your coverage is denied, you can apply again during the next Fall Enrollment or within 31 days of a qualifying life event.

Answer *all* questions on the EOI application honestly. Do not leave any questions blank. Missing information can delay the process.

For questions about the EOI process for life insurance, contact Securian (See contact information on page 16).

#### Coverage start dates

If you start EOI during Fall Enrollment and get EOI approval before Jan. 1, your coverage begins on Jan. 1.

If EOI is approved on or after Jan. 1, coverage begins the first of the month after the EOI approval date.



## TexaSaver<sup>SM</sup> 401 (k) / 457 Program for retirees

TexaSaver is **not** available to survivors.

### TEXAS<sup>SM</sup>SAVER 401(k) / 457 Program

When you retired, you had the option to keep your money with the TexaSaver program. If you did, you can continue to take advantage of the competitive fees and guidance you enjoyed as an active employee. Schedule a free appointment with a Retirement Plan Advisor at **texasaver.com** to discuss your options throughout retirement:

- Leave your money in your 401(k) or 457 program as is.
- Receive periodic payments, like getting a paycheck in retirement.
- Take a partial lump-sum distribution(s); withdraw what you need when you need it, or take all of the money in a single lump-sum distribution.
- Roll funds from another qualified plan or IRA into your TexaSaver account.

### TexaSaver distributions and withdrawals

While you don't need to do anything to keep your TexaSaver account(s), once you reach age 73, you must start taking required minimum distributions.

If you have questions, call TexaSaver toll-free at **(800) 634-5091**, Monday – Friday, 8 a.m. – 7 p.m. CT. You can also visit **texasaver.com**.



## Fall Enrollment fairs and webinars

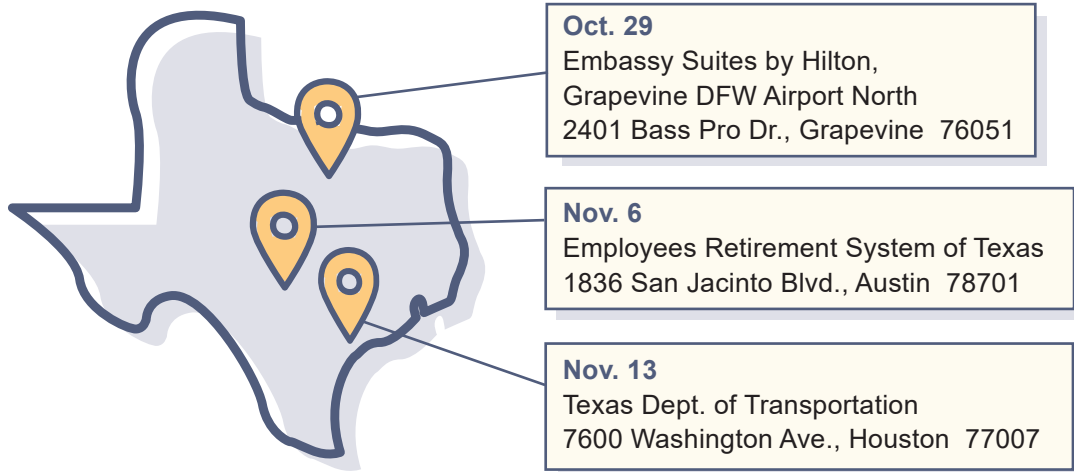
ERS and plan administrators will be at Fall Enrollment fairs and will host webinars to help you make informed decisions about your benefits. You may attend any of these in-person or virtual events.

Fall Enrollment webinars will provide brief overviews of all GBP plans and any changes in the upcoming plan year. Webinars about specific plans will feature an overview of the plan, followed by Q&A with the plan administrator. (Plan representatives can answer general questions. If you have a specific question about your account or a claim, contact the plan's customer service number.)

**Note:** Occasionally, due to weather or other issues beyond our control, ERS may cancel or change an event. When possible, we'll provide notice of a cancellation or change on the ERS website. Be sure to check [ers.texas.gov](https://ers.texas.gov) the morning of the event for any updates.

### Fall Enrollment fairs

All Fall Enrollment fairs are from 10:30 a.m. to 1:30 p.m. CT, and will include an hour-long ERS presentation. You don't have to register to attend an in-person event.



### Fall Enrollment webinars

Register for a webinar at [www.ers.texas.gov/Event-Calendars](https://www.ers.texas.gov/Event-Calendars). Once you register, you will get the login information via email.

Topic	Presenter(s)	Dates and Times (All times are Central, and all webinars last one hour.)	
Fall Enrollment Overview	ERS	Oct. 28, 10 a.m.	Nov. 15, 10 a.m.
HealthSelect Medicare Rx	Express Scripts	Oct. 30, 2 p.m.	Nov. 14, 10 a.m.
HealthSelect Medicare Advantage	UnitedHealthcare	Oct. 31, 10 a.m.	Nov. 15, 2 p.m.
HealthSelect Secondary	Blue Cross and Blue Shield of Texas	Oct. 30, 10 a.m.	Nov. 14, 2 p.m.
Dental Plans	Delta Dental	Nov. 5, 10 a.m.	—
Life Insurance	Securian Financial	Nov. 8, 10 a.m.	—
State of Texas Vision	EyeMed	Nov. 7, 10 a.m.	—



## Contacts

### Health insurance

Plan	Administrator	Phone number	Website
<b>HealthSelect Medicare Advantage</b>	UnitedHealthcare Group number – 13546	Toll-free: (855) 853-0453 (TTY: 711)	<a href="http://www.HealthSelect-MAPPO.com">www.HealthSelect-MAPPO.com</a>
<b>HealthSelect Secondary HealthSelect of Texas</b> (for dependents not eligible for Medicare)	Blue Cross and Blue Shield of Texas Group number – 238000	Toll-free: (800) 252-8039 (TTY: 711)	<a href="http://healthselectoftexas.com">healthselectoftexas.com</a>
<b>HealthSelect Medicare Rx</b> (for Medicare-enrolled participants)	Express Scripts Medicare	Toll-free: (866) 264-4676 (TTY: 711)	<a href="http://www.hsmedicarerx.com">www.hsmedicarerx.com</a>
<b>HealthSelect Prescription Drug Program</b> (for dependents not enrolled in Medicare)	Express Scripts	Toll-free: (800) 935-7189 (TTY: 711)	<a href="http://www.HealthSelectRx.com">www.HealthSelectRx.com</a>

### Dental insurance

<b>State of Texas Dental Choice Plan</b>	Delta Dental Group Number – 20010	Toll-free: (888) 818-7925 (TTY: 711)	<a href="http://www.ERSdentalplans.com">www.ERSdentalplans.com</a>
<b>DeltaCare USA DHMO</b>	Delta Dental Group Number – 79140		

### Vision insurance

<b>State of Texas Vision</b>	EyeMed Vision Care, LLC Group number – 1050072	Toll-free: (844) 949-2170 (TTY: 711)	<a href="http://www.StateofTexasVision.com">www.StateofTexasVision.com</a>
------------------------------	---	---	--

### Life insurance

<b>Basic Term Life Insurance Optional Term Life Insurance Dependent Term Life Insurance</b>	Securian	Toll-free: (877) 494-1716, (TTY: 711)	<a href="http://www.lifebenefits.com/plandesign/ers">www.lifebenefits.com/plandesign/ers</a>
---	----------	--	--

### Other programs

<b>Texa\$aver 401(k) / 457 Program</b>	Empower Retirement™	Toll-free: (800) 634-5091, (TTY: (800) 766-4952)	<a href="http://www.texasaver.com">www.texasaver.com</a>
<b>Dependent eligibility verification</b>	Alight Solutions	Toll-free: (866) 416-4091, (TTY: 711)	<a href="http://yourdependentverification.com/plan-smart-info/">yourdependentverification.com/plan-smart-info/</a>
<b>Discount Purchase Program</b>	Beneplace	Toll-free: (800) 683-2886 Local: (512) 346-3300	<a href="http://www.beneplace.com/discountprogramtxers.com">www.beneplace.com/discountprogramtxers.com</a>

You may either enter your changes using your online account at **[www.ers.texas.gov](http://www.ers.texas.gov)** or by completing and sending this form to:  
**Employees Retirement System of Texas**  
**P.O. Box 13207**  
**Austin, Texas 78711-3207**  
**Toll-free (866) 399-6908**

If you do not need to make changes, it is not necessary to complete this form or contact ERS.

Information provided to the 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.

## SECTION A: MEMBER DATA (To be completed by participant)

<b>Member Name: First, MI, Last</b>			<b>Last 4 digits of Social Security Number/ National ID (SSN)</b>			
			XXX-XX-			
<b>Phone Number</b>	<b>Home</b>	<b>Cell</b>	<b>Email Address</b>			
(      )						
<b>Mailing Address</b>	<b>Check if new</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>	<b>Eligibility County</b>	

## SECTION B: BENEFITS OPTIONS (Mark boxes to indicate the benefits changes you want beginning January 1, 2022)

<b>Health Coverage</b>	Waive*	HealthSelect of Texas <sup>®</sup>	HealthSelect <sup>SM</sup> MA PPO
	Medicare No. (From Medicare Card)	Medicare Part A Effective Date ____/____/____	
		Medicare Part B Effective Date ____/____/____	
	Waive + Opt-Out (For retirees who can certify they have comparable coverage that is not Medicare.)		
	Enroll/Drop Dependent (See Section C)		
<b>Optional Benefits (May be elected without being enrolled in health coverage.)</b>			
<b>Dental</b>	Waive	DeltaCare <sup>®</sup> USA DHMO	State of Texas Dental Choice Plan <sup>SM</sup>
	Enroll/Drop Dependent (See Section C)		
<b>Vision</b>	Waive	State of Texas Vision <sup>SM</sup>	Enroll/Drop* Dependent (See Section C)
<b>Optional Term Life Insurance*</b>	Waive	<b>OR</b>	Enroll \$10,000      Decrease Level to:      Election I      \$10,000
<b>Dependent Term Life Insurance*</b>	Waive	Enroll/Drop Dependent (See Section C)	
<b>Tobacco user Certification:</b> If you are enrolled or enrolling in a Texas Employees Group Benefits Program (GBP) health plan, have you used any type of tobacco product five or more times in the last three months? This includes but is not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes/vaping products. Yes      No			

\*To apply for Dependent Term Life Insurance or the Retiree Fixed \$10,000 Optional Life Insurance coverage, evidence of insurability (EOI) is required. Initiate the EOI process by signing in to your **ERS OnLine** account at **[www.ers.texas.gov](http://www.ers.texas.gov)**, or by contacting ERS.

**SECTION C: DEPENDENT PERSONAL DATA (and benefits choices)**

**Dependent Tobacco-user Certification:** If your dependents are enrolled in a GBP health plan, you must certify below if they used any type of tobacco product five or more times in the last three months. This includes but is not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes/vaping products.

Dependent Relationship*	Dependent's Name (First, MI, Last)	Gender	Date of Birth (mm-dd-yyyy)	Dependent SSN (Required for 12 months or older)	Health	Dental	Vision	Dep. Life	Tobacco User
Sp D		M			Yes	Yes	Yes	Yes	Yes
S O		F			No	No	No	No	No
Sp D		M			Yes	Yes	Yes	Yes	Yes
S O		F			No	No	No	No	No
Sp D		M			Yes	Yes	Yes	Yes	Yes
S O		F			No	No	No	No	No
Sp D		M			Yes	Yes	Yes	Yes	Yes
S O		F			No	No	No	No	No
Sp D		M			Yes	Yes	Yes	Yes	Yes
S O		F			No	No	No	No	No

\*Relationship Code: **Sp** – Spouse; **D** or **S** - Daughter or son (natural or adopted)

**O** – Other than natural or adopted child. Includes stepchild, foster child or ward.

If you are adding a child, you must complete a **Dependent Child Certification** form (ERS GI 1.081) available at [www.ers.texas.gov](http://www.ers.texas.gov) or call ERS. For newly added dependents, you may be required to provide documentation to Alight Solutions, a company that is working with ERS to conduct the dependent eligibility verification.

**SECTION D: AUTHORIZATION (Read the statements below carefully before you sign and date.)**

I authorize the appropriate deductions from my annuity or through bank draft for the benefits selected above, if applicable. If I do not receive an annuity or if my annuity is not sufficient to cover the necessary deductions, I agree to make premium payments when due. I understand that coverage will be cancelled if I do not pay the required premiums. I authorize any provider to release any information on persons covered when needed to verify eligibility or to process an insurance claim or complaint. **I certify all information provided above is valid and true to the best of my knowledge. I understand I may be asked show documentation to support my selection, and/or to prove eligibility for any newly added dependents.** False information could lead to expulsion from the Texas Employees Group Benefits Program (GBP) and/or criminal prosecution.

**Notice about Insurance:** Funding for health and other insurance benefits for participants in the GBP is subject to change based on available state funding. The Texas Legislature determines the level of funding for such benefits and has no continuing obligation to provide funding for those benefits beyond each fiscal year.

**Tobacco Use Certification:** I certify my understanding and agreement to the following: “Tobacco product” is defined as all types of tobacco, including but not limited to, cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, and dip; and all electronic cigarettes and vaping products and a “tobacco user” is a participant who has used a tobacco product or tobacco products five or more times during the preceding three months. If I (or any of my covered dependents): 1) have used tobacco products as a tobacco user; or 2) start using tobacco products without notifying ERS, I will be subject to monetary penalties and may be terminated from participation in the GBP. Also, failure to notify ERS may constitute fraud. Under the penalties of perjury, the above information is true and correct. Providing or entering false information may disqualify me from continued coverage in the GBP. If I intentionally misrepresent material facts or engage in fraud, my coverage may be rescinded retroactively to the date of the misrepresentation or fraudulent act. In that event, I will receive thirty days notice before my coverage is rescinded. Further, if I or any of my covered dependents start using tobacco products without notifying ERS, I will be subject to monetary penalties and such failure to notify ERS may constitute fraud. If you certified yourself or any of your dependents as a tobacco user, you may be able to participate in Choose to Quit, an alternative to the tobacco-user premium, if it is right for your health status and complies with your doctor’s recommendations. For more information about this program, visit, [www.ers.texas.gov/Employees/Health/Tobacco\\_Policy](http://www.ers.texas.gov/Employees/Health/Tobacco_Policy).

If you previously certified yourself or any of your dependents as a tobacco user, and you or they have stopped using tobacco during the preceding three months, you must complete the Tobacco User Certification form (ERS 2.933) available at [http://ers.texas.gov/PDFs/Forms/Tobacco\\_User\\_Certification\\_ERS2933](http://ers.texas.gov/PDFs/Forms/Tobacco_User_Certification_ERS2933), or change the certification using your online account at [www.ers.texas.gov](http://www.ers.texas.gov).

**If you selected “Waive + Opt-Out Credit”**

I certify that I do not want the health plan coverage offered to me as an eligible participant. I am waiving my health plan coverage and certify that I have other health plan coverage with substantially equivalent coverage to the basic health plan. I understand waiving my state health insurance will cancel my prescription drug coverage and \$2,500 Basic Term Life Insurance policy. You must certify that you have comparable health coverage to the basic health plan. A credit of up to \$60 (or \$30 for part-time participants) is applied toward the cost of eligible optional coverage (dental and vision). The credit is in lieu of the state contribution for basic health coverage.” Due to federal legislation Medicare members cannot receive the Opt-Out Credit. I am able to view the Health Insurance Opt-Out Credit applied toward my eligible optional coverage premium by signing in to my **ERS OnLine** account at [www.ers.texas.gov](http://www.ers.texas.gov).

I understand that if I am currently in a waived status, I must have a QLE or wait until the next Fall Enrollment to enroll in medical coverage offered to eligible participants.

Participant's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

(mm-dd-yyyy)



You may either contact ERS or send this completed form to:

**Employees Retirement System of Texas**  
P.O. Box 13207  
Austin, Texas 78711-3207  
(866) 399-6908 Toll-free

**If you do not need to make any changes,  
it is not necessary to complete this form or contact ERS.**

**Information provided to the 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.**

## SECTION A: SURVIVING DEPENDENT DATA *(To be completed by surviving dependent)*

Surviving Dependent: First, MI, Last			Last 4 digits of Social Security Number/National ID (SSN)		Phone Number	Home	Cell
			XXX-XX-		( )		
Email Address	Mailing Address	Check if New	City	State	ZIP Code	Eligibility County	

## SECTION B: INSURANCE COVERAGE *(Mark boxes to indicate the coverage changes you want starting January 1, 2022.)*

Medical Coverage	Waive*	HealthSelect of Texas®	HealthSelect <sup>SM</sup> MA PPO
		Medicare No. (From Medicare Card)	Medicare Part A Effective Date ____/____/____ Medicare Part B Effective Date ____/____/____
		Drop Dependent (See Section C)	
Optional Benefits <i>(May be elected without being enrolled in health coverage.)</i>			
Dental	Waive	State of Texas Dental Choice Plan <sup>SM</sup>	DeltaCare® USA DHMO
	Add/Drop** Dependent (See Section C)		
Vision	Waive	State of Texas Vision <sup>SM</sup>	Add/Drop** Dependent (See Section C)
<b>Tobacco-User Certification:</b> If you are enrolled in a Texas Employees Group Benefits Program (GBP) health plan, have you used any type of tobacco product five or more times in the last three months? This includes but is not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes/vaping products. Yes      No			

\*Surviving dependents who waive coverage cannot re-enroll at a later date. The health, dental and vision coverage that an eligible survivor has on the date of the member's death continues automatically. The surviving spouse or other eligible dependents may: drop health coverage at any time but cannot re-enroll in health coverage later, and/or

\*\*drop dental and/or vision coverage at any time and re-enroll in dental and/or vision coverage later, provided their health coverage is still in effect.

## SECTION C: DEPENDENT PERSONAL DATA *(and coverage choices.)*

**Dependent Tobacco-User Certification:** If your dependents are enrolled in a GBP health plan, you must certify below if your dependent used any type of tobacco product five or more times in the last three months. This includes but is not limited to cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, and all e-cigarettes/vaping products.

Dependent Relationship*	Dependent's Name (First, MI, Last)	Gender	Date of Birth (mm-dd-yyyy)	Dependent SSN (Required for 12 months or older)	Health**	Dental	Vision	Tobacco User
D   S   O		M F		XXX-XX-	No	No	No	Yes No
D   S   O		M F		XXX-XX-	No	No	No	Yes No
D   S   O		M F		XXX-XX-	No	No	No	Yes No
D   S   O		M F		XXX-XX-	No	No	No	Yes No
D   S   O		M F		XXX-XX-	No	No	No	Yes No

\*Relationship Code: D or S - Natural or adopted daughter or son O – Other than natural or adopted child. Includes stepchild, foster child, or ward child. Only eligible dependents at the time of the member's death are eligible to be covered as surviving dependents.

\*\* Once a surviving dependent waives their medical coverage, the surviving dependent cannot re-enroll in medical coverage at a future date.

**SECTION D: AUTHORIZATION** *(Carefully read the statements below before you sign and date.)*

I authorize the appropriate deductions from my annuity or through bank draft for the benefits selected above, if applicable. If I do not receive an annuity or if my annuity is not sufficient to cover the necessary deductions, I agree to make premium payments when due. I understand that coverage will be cancelled if I do not pay the required premiums. I authorize any provider to release any information on persons covered when needed to verify eligibility or to process an insurance claim or complaint. **I certify all information provided above is valid and true to the best of my knowledge. I understand I may be asked to show documentation to support my selection.** False information could lead to expulsion from the Texas Employees Group Benefits Program (GBP) and/or criminal prosecution.

**Notice about Insurance:** Funding for health and other insurance benefits for participants in the GBP is subject to change based on available state funding. The Texas Legislature determines the level of funding for such benefits and has no continuing obligation to provide funding for those benefits beyond each fiscal year.

**Tobacco Use Certification:** I certify my understanding and agreement to the following: "Tobacco product" is defined as all types of tobacco, including but not limited to, cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, and dip; and all electronic cigarettes and vaping products and a "tobacco user" is a participant who has used a tobacco product or tobacco products five or more times during the preceding three months. If I (or any of my covered dependents): 1) have used tobacco products as a tobacco user; or 2) start using tobacco products without notifying ERS, I will be subject to monetary penalties and may be terminated from participation in the GBP. Also, failure to notify ERS may constitute fraud. Under the penalties of perjury, the above information is true and correct. Providing or entering false information may disqualify me from continued coverage in the GBP. If I intentionally misrepresent material facts or engage in fraud, my coverage may be rescinded retroactively to the date of the misrepresentation or fraudulent act. In that event, I will receive thirty days notice before my coverage is rescinded. Further, if I or any of my covered dependents start using tobacco products without notifying ERS, I will be subject to monetary penalties and such failure to notify ERS may constitute fraud. If you certified yourself or any of your dependents as a tobacco user, you may be able to participate in Choose to Quit, an alternative to the tobacco-user premium, if it is right for your health status and complies with your doctor's recommendations. For more information about this program, visit, [www.ers.texas.gov/Employees/Health/Tobacco\\_Policy](http://www.ers.texas.gov/Employees/Health/Tobacco_Policy).

If you previously certified yourself or any of your dependents as a tobacco user, and you or they have stopped using tobacco during the preceding three months, you must complete the Tobacco User Certification form (ERS 2.933) available at [http://ers.texas.gov/PDFs/Forms/Tobacco\\_User\\_Certification\\_ERS2933](http://ers.texas.gov/PDFs/Forms/Tobacco_User_Certification_ERS2933), or change the certification using your online account at [www.ers.texas.gov](http://www.ers.texas.gov).

**I understand that if I, as a surviving dependent, waive my medical coverage, I cannot re-enroll in medical coverage at a future date. If I waive all coverage, medical and optional benefits, I cannot re-enroll in any coverage at a future date.**

Surviving dependent's signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(Parent or legal guardian may sign for minor child) (mm-dd-yyyy)