

## Employees Retirement System of Texas Texas Employees Group Benefits Program Insurance and Texflex

## **FOR AGENCY USE ONLY**

## **Transmittal Form for LOA Payments**

## (FML & LWP PAYMENTS ONLY)

		Paymer	t Type*				
SOCIAL SECURITY NUMBER	NAME	FLEX HCR	INS	LEAVE STATUS	CHECK OR MONEY ORDER NUMBER	PAYMENT AMOUNT	PAYMENT FOR THE MONTH(S) OF
	LAST FIRST MI	(HealthCare Reimbursemet Account)		F = FMLA L = LWP			
		Chec	Cone				
* Insurance and Texflex payments must be made in separate checks					Total		
Remitted By: Name and Title						Phone No.:	
Agency/Institution Name					Agy/Inst Number		

NOTE: USE THIS FORM FOR TRANSMITTING PAYMENTS FOR EMPLOYEES IN A LEAVE OF ABSENCE STATUS ONLY

REMIT TO: EMPLOYEES RETIREMENT SYSTEM, FINANCE DIVISION, P.O. BOX 13207, AUSTIN, TX 78711-3207