TexFlex Reimbursement Accounts Notification of Payroll Adjustments

Information provided to Employees Retirement System of Texas (ERS) is maintained for managing of your benefits. If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify your benefits coordinator or ERS.

Agency/Institution Name	Agency/Institution No.	Month/Year

1. Total enrollment due for the month (use the Total Amount shown on the Flexible Benefits Participation - Reimbursement Accounts list provided with the Agency 100% Listing) $______________

2. List all active participants who did not have a payroll deduction for the month (for example LWP, Payroll omission or adjustment).

Name	Last 4 digits of Social Security Number	HC or DC	LWP(L) INSF(I)	(A) Amount Due	(B) Amount Collected
	xxx-xx	☐ HC ☐ DC	☐ L ☐ I	$	$
	xxx-xx	☐ HC ☐ DC	☐ L ☐ I	$	$
	xxx-xx	☐ HC ☐ DC	☐ L ☐ I	$	$
	xxx-xx	☐ HC ☐ DC	☐ L ☐ I	$	$

(Attach additional pages, if needed.) TOTALS $ $

Subtract Total Amount Not Collected (A-B) from Enrollment Amount $ -_____________

3. List all participants who had a payroll deduction that exceeded the amount due for the month (for example, prior month collections, double deductions from reissued payrolls during the same month, lump sum deductions from terminations).

Name	Last 4 digits of Social Security Number	HC or DC	Lump Sum* Y or N	(A) Amount Due	(B) Amount Collected
	xxx-xx	☐ HC ☐ DC	☐ Y ☐ N	$	$
	xxx-xx	☐ HC ☐ DC	☐ Y ☐ N	$	$
	xxx-xx	☐ HC ☐ DC	☐ Y ☐ N	$	$
	xxx-xx	☐ HC ☐ DC	☐ Y ☐ N	$	$

(Attach additional pages, if needed.) TOTALS $ $

Add Total Amount Over Collected (B-A) to Enrollment Amount $ +_____________

*TexFlex health care account balance for plan year collected at the time of termination.

SHOULD EQUAL TOTAL AMOUNT OF TEXFLEX DEDUCTIONS SENT TO ERS: = $______________

This form should be either mailed to ERS Client Reconciliation or faxed to (512) 867-3227 no later than the 20th of the month following the close of the report month.

Funds collected for TexFlex accounts are due to ERS by the 3rd working day of each month and must be received no later than the 10th of the month. Payroll data transmissions are due by the **15th** of each month.

Agency person to contact about this notification:

Name______________________________________ Phone____________________ E-Mail_____________________________