



Certificate of Health Plan Coverage

Texas Employees Group Benefits Program (GBP)

You may either enter your changes in ERS OnLine www.ers.state.tx.us
or print an EOI application and forward with this completed form to:

Employees Retirement System of Texas
Customer Benefits
P.O. Box 13207
Austin, Texas 78711-3207
(877) 275-4377 Toll-free

**Information provided to the Employees Retirement System of Texas (ERS) is maintained for administration 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.**

IMPORTANT: This certificate is being provided because you and/or your dependents have lost health coverage in the Texas Employees Group Benefits Program (GBP). The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires that we provide you with this certificate of coverage. You and/or your dependents may need to furnish this certificate to a new group health plan which excludes coverage for preexisting medical conditions. You may also need to furnish this certificate if you or your dependents purchase an individual health insurance policy.

Participant's Name	Employee ID Number	GBP Coverage Period (Not to exceed 24 months)	
		Begin Date	End Date

Dependent's Name	Last 4 digits of SSN	Date of Birth	GBP Coverage Period (Not to exceed 24 months)	
			Begin Date	End Date
	xxx-xx-			
	xxx-xx-			
	xxx-xx-			
	xxx-xx-			
	xxx-xx-			
	xxx-xx-			
	xxx-xx-			
	xxx-xx-			
	xxx-xx-			
	xxx-xx-			

I certify that the individual(s) listed above was(were) covered under the GBP for the period(s) shown.

Name of the person completing the form

Date