EMPLOYEES RETIREMENT SYSTEM OF TEXAS
TEXFLEX ENROLLMENT/CHANGE FORM

You may complete your benefits election either by:
- **Using your online account at www.ers.texas.gov, or**
- **Sending this completed form to your benefits coordinator or HHS Employee Service Center for employees at HHS Enterprise agencies**

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.

Only for participants with active employee benefits.

SECTION A: EMPLOYEE DATA

Employee Name:	SSN	ERS Employee ID

Type of employee: ☐ **9-month** (higher education institutions) ☐ **12-month**

SECTION B: ACTION AND REASON CODE (Check only one box.)

FSC ☐ Family Status Change **HIR** ☐ New Hire **REH** ☐ Rehire **PHC** ☐ Post Hire Change **LOA** ☐ Leave of Absence
RED ☐ Reduction while on LOA **RFL** ☐ Return from Leave **DTA** ☐ FTE to PTE/PTE to FTE

Enter a reason code and event date if you checked the FSC box above.
See the Family Status Change (FSC) Reference Chart on page 3 before completing.

Reason Code:	Event Date: (mm-dd-yyyy)

SECTION C: TEXFLEX HEALTH CARE ACCOUNT (Fill out only one of the three options in this section, if applicable.)

☐ **TexFlex health care account** – for eligible medical, vision and dental out-of-pocket costs excluding insurance premiums. Program has a minimum annual pledge of $180 and a maximum annual pledge of $2,700 per tax year. Enrollment/change must be made within 31 days of your employment or qualifying life event. You will receive a TexFlex debit card, at no cost, to pay for eligible expenses. There is no annual administrative fee for the TexFlex health care account. **Note:** If you do not check this box, you will not be enrolled in this account.

OPTION 1: NEW ENROLLMENT (Complete only if New Hire/Rehire or Family Status Change.)		
I want my monthly deduction to be (not to exceed $225 per month):	$	.00
Number of months left in the plan year (September 1 – August 31):	x	
Annual pledge:	$	.00
OPTION 2: INCREASE PLEDGE AMOUNT (Complete only if increasing pledge amount due to a Family Status Change.)		
Current annual pledge amount:	$	.00
Increase my annual pledge amount to:	$	.00
OPTION 3: REDUCTION (Complete only if reducing pledge amount due to a Family Status Change.)		
Increase my annual pledge amount to:	$	.00
Reduce my annual pledge amount to:	$	.00

SECTION D: TEXFLEX DEPENDENT CARE ACCOUNT (Fill out only one of the three options in this section, if applicable.)

☐ **TexFlex Dependent Care Account** – for eligible child or adult dependent care expenses. Program has a minimum annual pledge of $180 and a maximum annual pledge of $5,000 or the lesser of your spouse's or your annual income that is below $5,000. Enrollment/change must be made within 31 days of your employment or qualifying life event. The TexFlex debit card is not available to pay for dependent care expenses. There is no annual administrative fee for the TexFlex dependent care account. Note: If you do not check this box, you will not be enrolled in this account.

OPTION 1: NEW ENROLLMENT (Complete only if New Hire/Rehire or Family Status Change.)		
I want my monthly deduction to be (not to exceed $416 per month):	$	.00
Number of months left in the plan year (September 1 – August 31):	x	
Annual pledge:	$	.00
OPTION 2: INCREASE PLEDGE AMOUNT (Complete only if increasing pledge amount due to a Family Status Change.)		
Current annual pledge amount:	$	.00
Increase my annual pledge amount to:	$	.00
OPTION 3: REDUCTION (Complete only if reducing pledge amount due to a Family Status Change.)		
Current annual pledge amount:	$	.00
Reduce my annual pledge amount to:	$	.00

SECTION E: TEXFLEX LIMITED FLEXIBLE SPENDING ACCOUNT (Fill out only one of the three options in this section, if applicable.)

Enrollment in the TexFlex limited flexible spending account (LFSA) is only applicable if you are enrolled in Consumer Directed HealthSelect℠ ☐ **TexFlex LFSA** – for eligible dental and vision out-of-pocket costs excluding healthcare costs. Program has a minimum annual pledge of $180 and a maximum annual pledge of $2,700 per tax year. You must enroll or make any changes within 31 days of your employment or qualifying life event. You will receive a TexFlex debit card, at no cost, to pay for dental and vision expenses. There is no annual administrative fee for the TexFlex LFSA. Note: If you do not check this box, you will not be enrolled in this account.		
I want my monthly deduction to be (not to exceed $225 per month):	$	.00
Number of months left in the plan year (September 1 – August 31):	x	
Annual pledge:	$	.00
Current annual pledge amount:	$	.00
Increase my annual pledge amount to:	$	.00
Current annual pledge amount:	$	.00
Reduce my annual pledge amount to:	$	.00

Authorization:

I understand my TexFlex health care, dependent care, and/or limited flexible spending account enrollment is irrevocable for the plan year, unless I have a qualifying life event, terminate employment or retire. I authorize payroll deductions for the amount listed on this form.

I understand I have until August 31 to incur health care expenses for the plan year and can carry over a minimum of $25, up to $500 of my TexFlex health care account balance to the next plan year. Any amount over $500 will be forfeited.

I understand I have until August 31 to incur eligible dental or vision expenses for the plan year and can carry over a minimum of $25, up to $500 of my TexFlex limited flexible spending account balance to the next plan year. Any amount over $500 will be forfeited.

I understand I have until November 15 to incur dependent care expenses for the plan year. The carryover is not allowed for the TexFlex dependent care account.

I must file all eligible claims for reimbursement by December 31 of the associated plan year.

I understand that TexFlex account eligibility, enrollment and benefits information is available from my employer and at **www.ers.texas.gov**. I certify that I have read and agree to all of the conditions and participation rules for this program.

Sign:_____ Date:_____

Family Status Change (FSC) Reference Chart

A qualifying life event (QLE) is an eligible event that allows you to change your enrollment elections within 31 days of that event. The following are QLEs that correspond with a particular change in your employment or family status. Remember, rules will determine if you can enroll in or make your requested changes.

Event	Qualifying Life Event (QLE) Example	Reason
Employee Marital Status Change	Participant gets married	MAR
	Participant gets a divorce or an annulment	DIV
	Death of a spouse	DOD
Dependent Status Change	Birth of a newborn child	BIR
	Participant adopts, fosters, or gets court-appointed guardianship of child	ADP
	Participant gains or loses dependents through death	DOD
	Dependent becomes eligible or loses eligibility for insurance coverage (Example: Participant's spouse is covering their child. The child lost eligibility for the spouse's insurance because the child does not attend school.)	DEP
	Dependent is related by blood or marriage, and was previously claimed on the participant's income tax return, but is no longer eligible to be claimed on participants income tax return	XMO
	Child gets married	DGM
Employment Status Change	Participant/Dependent employment status change	ESC
	Dependent becomes eligible for insurance after a waiting period	DWP
Address Change that Changes Dependent Eligibility	Dependent moves out of health or dental plan service area	DMV
Medicare/Medicaid/CHIP Eligibility Change	Participant/Dependent gains Medicare/Medicaid/CHIP eligibility	MDG
	Participant/Dependent loses Medicare/Medicaid/CHIP eligibility	MDL
Significant Change in Cost/Coverage Imposed by Third Party	Significant change in cost by dependent care provider	SCC
	Significant change in cost/coverage of dependent's health or dental plan (excluding GBP)	SCC
	HIPP approval or loss of eligibility	SCC
Office of the Attorney General (OAG) - Ordered Coverage Change (Eligibility rules apply for these dependents)	Participant gains requirement to provide coverage for child through a National Medical Support Notice (NMSN) issued by the Office of the Attorney General (OAG) (Example: employee receives an NMSN to provide health coverage for his child.)	MSO
	Expiration of an NMSM, which is issued by the OAG and requires a participant to provide coverage for a child. (Example: employee's NMSN to provide health coverage for his child expires and the employee is no longer required to continue coverage for the child.)	MSD*

*Employees must contact their benefits coordinator (HHS Enterprise employees contact HHS Employee Service Center) to drop dependents added with a NMSN.

Benefit changes must be consistent with the QLE. Dependent eligibility and enrollment rules apply.