

New Employees:

- May elect health coverage at time of hire; however, this coverage will be effective when you have satisfied your waiting period.

Employees making changes to their benefits options during the plan year:

- Use this form to indicate only the changes you want to make.
- Complete this form on or within 31 days after your qualifying life event (QLE) (birth, marriage, etc.).
- Using the chart below, identify a reason code (required in Section C) when changing insurance coverage.

Below are examples of qualifying life events; other similar circumstances may also represent a qualifying life event. Remember, rules will determine if you can enroll in or make the insurance changes you want. You may either enter your changes using your online account at www.ers.texas.gov or send this form to your benefits coordinator.

Family Status Change Reference Chart

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, or becomes managing conservator of a child	ADP
	Participant gains or loses dependent(s) 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 day care provider	SCC
	Significant change in cost/coverage of dependent's health, vision 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
	NMSN issued by the Office of the Attorney General (OAG), which requires participant to provide coverage for child expires (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**

*** DEPENDENT ENROLLMENT INFORMATION:**

CHIPRA requires a 60-day QLE window to notify ERS if:

1. The dependent is not in the GBP and loses their eligibility for Medicaid or CHIP OR
2. The dependent is not in the GBP and they become eligible for premium assistance through Medicaid or HIPP, they have 60 days to enroll in the GBP.

DROP DEPENDENT COVERAGE INFORMATION:

In other QLE instances related to Medicaid or CHIP there is the usual 30-day window to drop dependents from the GBP.

** Employees must contact their benefits coordinator (HHS Enterprise employees contact HHS Employee Service Center) to drop dependent(s) added with a National Medical Support Notice (NMSN).

You may be asked to show proof of the QLE and will be required to submit documentation for newly enrolled dependents, proving their eligibility.

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