

**ERS Insurance Payment**

Keep this portion for your Records.

Date: \_\_\_\_\_

Check #: \_\_\_\_\_

Amt: \$ \_\_\_\_\_

**Note:** Payment is due on the 1st day of each month. If payment is not received, your benefits could be cancelled.

**ERS Insurance Payment Coupon**

Return this portion of the coupon with your payment.

**Check one:**  COBRA  COBRA Disability  FCUC  Retiree  Survivor  
 LWP/FML  Former Board Member  Former Elected Official  Former Legislative Employee  
Insured's Name: \_\_\_\_\_ Insured's SSN: \_\_\_\_\_

Please attach a separate sheet to change your address or to request cancellation of coverage. Be sure to include your printed name, SSN, and signature.

**Please do not send cash.** Make check payable: TEGBP (Texas Employees Group Benefits Program)  
Mail payment to: Employees Retirement System of Texas, P.O. Box 13207, Austin TX 78711-3207

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