ERS Insurance Payment •	ERS Insurance Payment Coupon
Keep this portion for your Records.	Return this portion of the coupon with your payment.
Date:	Check one: ☐ COBRA ☐ COBRA Disability ☐ FCUC ☐ Retiree ☐ Survivor
Check #:	□ LWP/FML □ Former Board Member □ Former Elected Official □ Former Legislative Employee
Amt: \$	Insured's Insured's SSN:
<b>Note:</b> Payment is due on the 1st day of each month. If payment is	
not received, your benefits could be cancelled.	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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