

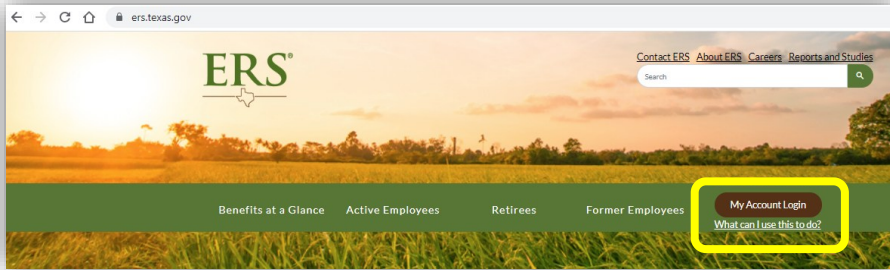
Open Enrollment Guide

ENROLLMENT DATES: JULY 06-JULY 17, 2026.

All new changes will take effect September 1st, 2026. NO changes? NO action needed! If you do not want to make changes to your benefits, no action is required on your end and your current coverage will continue through Plan Year 2026 (Sept. 1, 2026 – Aug. 31, 2027).

Step 1. Go to <https://ers.texas.gov/>

Step 2. Click on the right hand corner "My Account Login"



Step 3. Access your personal ERS account. **A**, **B** or **C**.

! Your account will be locked after 3 failed attempts. If you are **!** locked out, please call ERS at (877) 275-4377.

A If you have an account, proceed to sign in.

A screenshot of the 'ERS OnLine Benefits' sign-in page. It includes fields for 'Username' and 'Password', a 'SIGN IN' button, and a 'REGISTER' button. There are also links for 'Forgot Username?' and 'Forgot Password?'. A 'Not Registered?' section explains the benefits of creating an account.

B If you do NOT have an account, click on the REGISTER button.

C If you forgot your Username/Password; click on the blue link "Forgot Username/Password" and follow instructions to retrieve username or password.

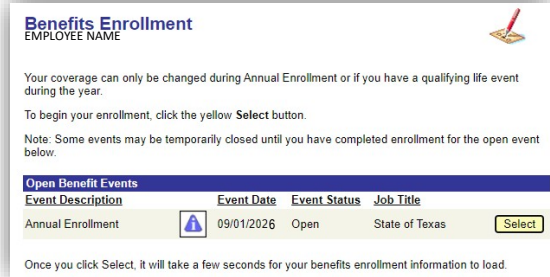
A screenshot of the 'Forgot My Username' form. The title is 'Enter Contact Information'. It contains several required fields: *First Name, *Last Name, *Address Line 1, Address Line 2, *City, *State (dropdown), *ZIP Code, *Social Security Number (with a note '(Last 4 digits only)'), *Date of Birth (with a calendar icon and '(mm/dd/yyyy)'), and *Gender (dropdown). At the bottom, there are 'Cancel' and 'Next >' buttons.

Continued...

Once you login, it is highly recommended you verify your personal information and beneficiaries summary in your account. Update your personal information if needed, if you encounter any issues please contact HR Benefits or ERS for assistance.

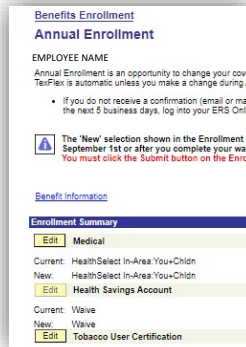
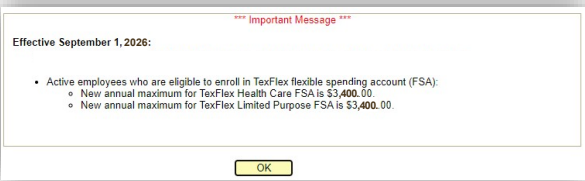
Step 4. Click on "[Benefits Enrollment](#)"

Step 5. Click on "[Select](#)" to move forward.



The system will display an "Important Message".
Step 6. Read the message carefully, then click on "[OK](#)" to move forward.

Step 7. Click on "[Edit](#)" next to the benefit name to start making changes.



STOP...Thinking on adding dependents to you coverage?
Go to the next page!

Dependent information (if applicable)

Click on the **Enroll box**. Or, you can click the **Add/Review Dependents button** to add the dependent record to the system.

To view additional dependents already entered in the system, click the **Show History button**

- ⇒ Complete the information on this page in order to create the dependent's record in ERS OnLine.
- ⇒ Enter a Social Security number for a dependent age 12 months and older.
- ⇒ Click Save at the bottom of the page.

If you want to add a child to your coverage, you will need to complete the **Dependent Certification** online form before enrolling the child in coverage.

In addition to the online certification, you will be asked to provide documentation that those dependents newly enrolled in health insurance are eligible for coverage (a separate process called dependent eligibility verification). If the participants do not complete dependent eligibility verification, all unverified dependents will lose all GBP insurance, including health, dental, vision and Dependent Term Life Insurance.

Enroll Your Dependents

Your current dependents' personal information is listed below. Click Show History to view all dependent personal information. If you want to add a dependent that is not shown, click on the Add/Review Dependents button. The screen that displays will allow you to add a new dependent or update information about dependents. You are required to provide documentation proving your new dependent's eligibility.

Add/Review Dependents

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name. You will be required to provide documentation proving their eligibility if you have not previously done so.

Show History

***Dependent Relationship:** [Dropdown]

Personal Information

***First Name:** [Text Box]

Middle Name: [Text Box]

***Last Name:** [Text Box]

***Gender:** [Dropdown]

***Birthdate:** [Text Box] [B]

SSN: [Text Box] (Social Security Number)

Dependent Certification

Member: [Text Box] [DEFINITION OF ELIGIBLE DEPENDENT](#)

Dependent: [Text Box] [Click here to view new information about dependent eligibility.](#)

You are required to certify how each enrolled dependent meets eligibility rules. Please complete the applicable information.

1) I certify this child is my:

- a. natural child
- b. adopted child
- c. foster child
- d. stepchild
- e. court-appointed ward
- f. child under managing conservatorship

-OR-

2) I certify:

- this child is related to me by blood or marriage **AND**
- was claimed as a dependent on my federal income tax return in the previous calendar year **AND**
- I will continue to claim this child on my federal income tax return for every year the child is enrolled.

-OR-

3) I certify:

- this child is related to me by blood or marriage and was not claimed on my federal income tax return for last year because the child was born in the current calendar year **AND**
- will be claimed on my federal income tax this year and for every year the child is enrolled.

-OR-

4) I certify this child is related to me by blood or marriage and is eligible for benefits in the Group Benefits Program due to good cause and I have read and understand the definition of good cause provided below.

Definition of Good Cause: Good cause means that you cannot certify this child under items 2 or 3 above because of unexpected circumstances that required you to take parental responsibility for the child this year. You may not certify the child for good cause unless you will legally claim the child as your dependent for federal income tax purposes in this current year.

You are required to provide good cause information in the comment box below.

Person entering the Request: [Text Box] **Last Updated:** 04/05/2018

I understand I may be asked to show documentation to support my selection. False information could lead to expulsion from the Group Benefits Program and/or criminal prosecution. (In order to submit the information about your dependent, this box must be checked)

SUBMIT **CANCEL**

If you selected number 4 above, provide good cause information in box below

[Text Box]

Submit to PERS

Continued...

Tips and Reminders:

When a change is successfully entered and stored in ERS OnLine, it appears in the New benefit line.

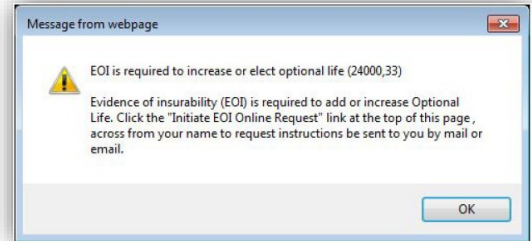
Verify the **Current** benefit line and the **New** benefit line.

Current:	Basic Life: \$5,000		
New:	Basic Life: \$5,000	2.22	0.00
Edit	Optional Life	Before Tax	After Tax
Current:	OL4: 4 * Salary		
New:	OL4: 4 * Salary: \$316,000	189.60	
Edit	AD & D	Before Tax	After Tax
Current:	Vol AD & D You Only: \$200,000		
New:	Vol AD & D You+Family: \$200,000	8.00	
Edit	Dependent Life	Before Tax	After Tax
Current:	Waive		
New:	Waive		0.00
Edit	Short-term Disability	Before Tax	After Tax
Current:	Short-term Disability: 66% of Salary		

Note: Benefits that require EOI are not shown in the New benefit line.

To enroll in coverage that requires EOI, there are additional steps the employees are required to take. The pop-up message on the right appears if they enter a benefit change that requires EOI, including:

- Optional Term Life Insurance (adding or increasing)
- Dependent Term Life Insurance
- Short-term Disability Insurance
- Long-term Disability Insurance



After you are done with the benefit change;
Step 8. Click on "[Store](#)". The system will display a future estimated monthly cost.

Once message is reviewed;
Step 9. Click on "[OK](#)". You will proceed by doing the steps 7-9 on the benefits you wish to make.

When you have completed all your new changes, at the bottom of the page review "You Pay".
Step 10. Click on "[Submit](#)".

The page will display another message. Once reviewed, you will be asked to click on "[Submit](#)" **again**.

Once you have submitted your benefit changes, ensure you receive a confirmation (email or mail) within the next 5 business days. If no communication is received, login to your ERS account to resubmit your elections. You may also contact ERS at (877) 275-4377.

