

Active employees: Please send this completed form to your benefits coordinator or [accessHR](#).
Other members send this completed form to:

Employees Retirement System of Texas
Customer Benefits
P.O. Box 13207
Austin, Texas 78711-3207
(877) 275-4377 Toll-free

Information provided to Employees Retirement System of Texas (ERS) is maintained for administration of your benefits.
If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify ERS.

Complete a separate form for each dependent child to be covered.

SECTION A: PERSONAL DATA			
Employee/Retiree Name: First, MI, Last	Social Security Number (SSN)	Employee ID	
Agency Name		Dept ID/Agency Number	
Legal Name of Child: First, MI, Last	Child's Social Security Number (Required for 12 months or older)	Child's Birth Date mm/dd/yyyy	Tobacco User
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If you certified your dependent as a tobacco user, and a physician says your dependent can't quit, ERS must receive a completed Physician Affidavit available at [www.ers.state.tx.us](#) or by calling ERS.

If you certified your dependent as a tobacco user, and your dependent stops using tobacco for three consecutive months, you must complete a Member Affidavit available at [www.ers.state.tx.us](#) or by calling ERS.

SECTION B: DEPENDENT CHILD CATEGORY

Pick one true statement to certify dependent eligibility:

- _____ 1. I certify this child is my:
- a. natural child,
 - b. adopted child,
 - c. foster child,
 - d. stepchild, or
 - e. court-appointed ward.
- 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 Benefit Plan 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.

Member Comment – Only complete this box if you choose Option 4.

SECTION C: CERTIFICATION

I understand I may be asked to show documentation to support my selection. False information could lead to expulsion from the Group Benefit Plan and/or criminal prosecution.

Signature of Employee/Retiree

Date Signed (mm-dd-yyyy)