ERS
EMPLOYEES RETIREMENT SYSTEM OF TEXAS

VERIFICATION OF INSURANCE

Information provided to ERS is maintained for managing your benefits.
If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify ERS.

This form should be used only to notify ERS that emergency medical attention is needed for a member/dependent(s) who does not show coverage on the health insurance carrier's system.
DO NOT FAX THIS FORM TO THE INSURANCE CARRIER.
PLEASE FAX THE COMPLETED FORM TO ERS CUSTOMER BENEFITS.

Insurance Carrier	Effective Date	Member's Name

Last 4 digits of Member's SSN	Reason For Requesting Verification	
XXX-XX-		

Hospital Name	Hospital/Dr. Contact Name/Phone #	

Member/Dependent(s)	PCP Name	PCP Id

Pharmacy verifications can take up to 24 hours to process.