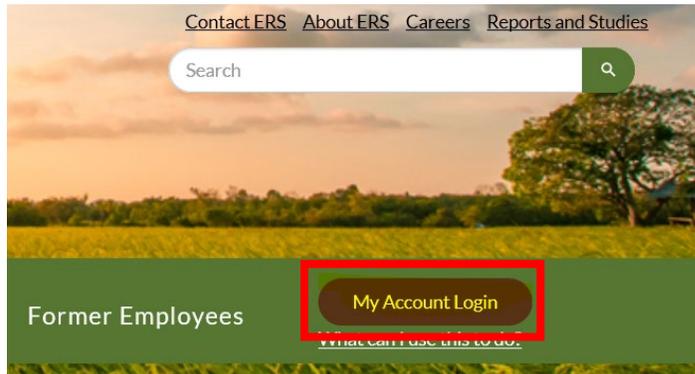


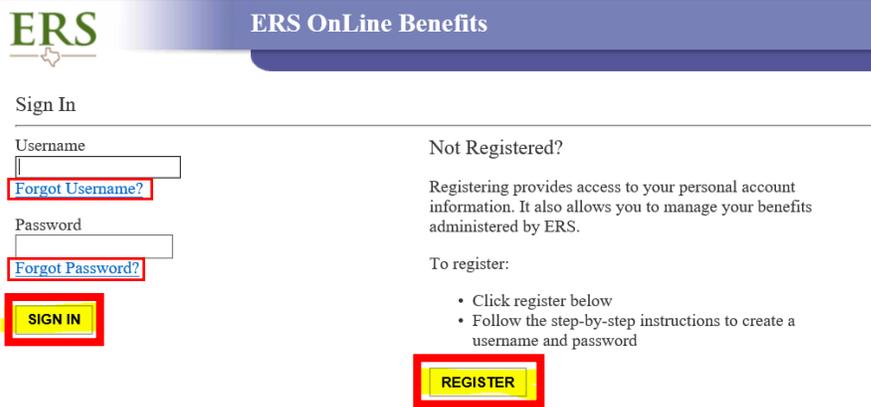
Visit www.ers.texas.gov.

1. Select “My Account Login” from the top right of the web page.



2. “Sign In” to your personal ERS OnLine account, or “Register”, to create an account.

If you do not remember if you already have an account. Select “Forgot Username?” to receive your Username, and then “Forgot Password?” to reset your password.



3. From the Home Page select “Benefits Enrollment” from the “My Insurance Information” section.



4. Press the “Select” button in the open Annual Enrollment event.

Benefits Enrollment



Your Full Name will appear here.

Your coverage can only be changed during Annual Enrollment or if you have a qualifying life event during the year.

To begin your enrollment, click the yellow **Select** button.

Note: Some events may be temporarily closed until you have completed enrollment for the open event below.

Open Benefit Events				
Event Description	Event Date	Event Status	Job Title	
Annual Enrollment	09/01/ 20XX	Open	State of Texas	Select

Once you click Select, it will take a few seconds for your benefits enrollment information to load.

On this page, you can see all of your current benefit elections, as well as any changes you make during this Summer Insurance Enrollment Period.

5. Select the “Edit” button next to any benefit you wish to make changes to.

For this example, the Vision coverage is currently Waived.

Benefits Enrollment

Annual Enrollment



Your Full Name will appear here.

Annual Enrollment is an opportunity to change your coverage elections. This year, re-enrollment in TexFlex is automatic unless you make a change during Annual Enrollment.

- If you do not receive a confirmation (email or mail) for your Annual Enrollment elections within the next 5 business days, log into your ERS Online account to resubmit your elections.

 The 'New' selection shown in the Enrollment Summary below reflects your coverage as of September 1st or after you complete your waiting period.
You must click the Submit button on the Enrollment Summary to complete your elections.

20XX

Benefit Information

Enrollment Summary

Edit	Medical	State Pays	Before Tax	After Tax
	Current: Health Select In Area:Mbr Only			
	New: HealthSelect In-Area:You Only	622.60	0.00	
Edit	Health Savings Account		Before Tax	
	Current: Waive			
	New: Waive			
Edit	Tobacco User Certification		Before Tax	After Tax
	Current: Certified as Non-Tobacco User			
	New: Certified as Non-Tobacco User			0.00
Edit	Dental		Before Tax	After Tax
	Current: Waive			
	New: Waive			0.00
Edit	Vision		Before Tax	After Tax
	Current: Waive			
	New: Waive			0.00

6. To enroll in the coverage you select “State of Texas Vision”.

If you are adding dependents to this coverage, select the “Show History” button to see if your dependents have existing profiles set up.

If your dependents are not listed, select the “Add/Review Dependents” button to create profiles for them.

Benefits Enrollment

Vision

[Benefit Information](#)



Your Full Name will appear here.

 Your current coverage is: Waive.

Select the plan below to elect vision.

20XX

State of Texas Vision

State of Texas Vision

Coverage Level	You Pay	Tax Class
You Only	\$6.02	Before-Tax
You + Spouse	\$12.04	Before-Tax
You + Children	\$12.94	Before-Tax
You + Family	\$18.96	Before-Tax

Waive

Enroll Your Dependents

Your current dependent's 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.

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.

Show History

If adding dependents, select this button **first** to see if there are existing profiles created for them.

If adding dependents that **do not** have existing profiles created, select this button to create their profiles.

Please note that you will need their names as they appear on their social security cards, their dates of birth, and their social security numbers.

7. If you are adding dependents, select which dependents you wish to enroll in the coverage.

Enroll Your Dependents

Your current dependent's 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.

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.

Name	Relationship	Enroll	Certification
Spouse Name	Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Child Name	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Name	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Name	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Hide History

Note: If you are adding a dependent to your coverage, the dependent must meet dependent eligibility as of today's date and the coverage effective date.

Store Click Store to Continue

Cancel Click Cancel to ignore all entries made on this page and return to the Enrollment Summary.

8. After enrolling your dependents, select the “Store” button at the bottom of the screen.

Enroll Your Dependents

Your current dependent's 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.

[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.

Name	Relationship	Enroll	Certification
Spouse Name	Spouse	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Name	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Name	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Name	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>

[Hide History](#)

Note: If you are adding a dependent to your coverage, the dependent must meet dependent eligibility as of today's date and the coverage effective date.

[Store](#) Click Store to Continue

[Cancel](#) Click Cancel to ignore all entries made on this page and return to the Enrollment Summary.

9. After reviewing the cost of this added coverage, select the “Ok” button on the bottom of this screen.

Benefits Enrollment

Vision 

Your Full Name will appear here.

 The 'New' selection shown below reflects the September 1st coverage.

Your Choice

You have chosen State of Texas Vision with You + Spouse coverage.

Your Estimated monthly Cost

Your Monthly Cost: The monthly cost of this coverage will appear here.

Your Covered Dependents

Name	Relationship
Spouse Name	Spouse

Notes

Once submitted, this election will take effect on September 1. Deductions for this election will start with the pay period beginning September 1.

[OK](#) Click OK to store your elections.

[Edit](#) Click Edit to go back and change your elections.

You will now be returned to your benefits summary page.

Here you should review the changes you made.

Changes made will be reflected in the "New" row of the coverage you changed.

Benefits Enrollment
Annual Enrollment

Erika De Leon-Martinez

Annual Enrollment is an opportunity to change your coverage elections. This year, re-enrollment in TexFlex is automatic unless you make a change during Annual Enrollment.

- If you do not receive a confirmation (email or mail) for your Annual Enrollment elections within the next 5 business days, log into your ERS Online account to resubmit your elections.

 The 'New' selection shown in the Enrollment Summary below reflects your coverage as of September 1st or after you complete your waiting period.
You must click the Submit button on the Enrollment Summary to complete your elections.

[Benefit Information](#)

Enrollment Summary			
Edit	Medical	State Pays	Before Tax After Tax
	Current: Health Select In Area:Mbr Only		
	New: HealthSelect In-Area:You Only	622.60	0.00
Edit	Health Savings Account	Before Tax	
	Current: Waive		
	New: Waive		
Edit	Tobacco User Certification	Before Tax	After Tax
	Current: Certified as Non-Tobacco User		
	New: Certified as Non-Tobacco User		0.00
Edit	Dental	Before Tax	After Tax
	Current: Waive		
	New: Waive		0.00
Edit	Vision	Before Tax	After Tax
	Current: Waive		
	New: State of Texas Vision:You+Spouse		12.04

If you elected to enroll in coverage that requires going through the Evidence of Insurability (EOI), process, you will need to "Initiate the EOI Online Request" when prompted to do so.

Benefits Enrollment
Long-term Disability

Your Full Name will appear here.

 Your current coverage is: Waive.

[Benefit Information](#)

[Initiate EOI Online Request](#)



4. Select "Initiate EOI Online Request".
Follow prompts.

Select an Option

Long-term Disability Cost of coverage will appear here.
The monthly cost for this plan is \$ here.

No, I do not want Long-term Disability.

Long-term Disability

[Store](#) Click Store to Continue

[Cancel](#) Click Cancel to ignore all entries made on this page and return to t

1. Select coverage.
2. Press the "Store" button.

Message from webpage

 EOI is required to elect LTD or STD (24000,34)
Evidence of insurability (EOI) is required to add short-term disability (STD) and/or long-term disability (LTD). Click the "Initiate EOI Online Request" link at the top of this page, across from your name to request instructions be sent to you by mail or email.

3. Select "Ok". [OK](#)

<p>10. After reviewing all changes made are appearing in the appropriate “New” rows, select the Submit button at the bottom of the screen.</p> <p><u>Please note that any changes that are appearing in the “New” row will take effect on Sept. 1st, even if you fail to select SUBMIT.</u></p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Submit Click Submit to store your Annual Enrollment elections. </div> <div style="border: 1px solid gray; padding: 5px;">  The 'New' selection shown in this Enrollment Summary reflects the September 1st coverage or the coverage you will have after your waiting period, and confirms your online elections. </div>
<p>11. Select “Submit” in the following screen.</p>	<div style="border: 1px solid gray; padding: 10px;"> <p>Benefits Enrollment Submit Benefit Elections</p> <p>Your Full Name will appear here. </p> <p>The elections you've made so far for each line of coverage have been saved. In order to store this information, click the Submit button below.</p> <p>You have until the last day of Annual Enrollment to make any additional changes to your coverage elections. The elections you've made will take effect on September 1st.</p> <p>You will not be able to view your elections online until September 1st.</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> Submit Click Submit to store the coverage elections you've made so far. </div> <div style="border: 1px solid gray; padding: 2px; margin: 5px 0;"> Return Click Return to return to the Enrollment Summary and make additional changes. </div> </div>
<p>12. Select “OK” to finalize your Summer Insurance Enrollment changes.</p> <p><u>Keep your confirmation statement as proof of having made your desired changes.</u></p> <p><u>Review the payroll check that will include the Sept. 1st deductions to ensure that changes fed to our payroll system accordingly.</u></p> <p><u>Report any discrepancies to your Benefits Coordinator by Oct. 14th.</u></p>	<div style="border: 1px solid gray; padding: 10px;"> <p>Benefits Enrollment Submit Confirmation</p> <p>Your Full Name will appear here. </p> <p>Thank you for using your online account to enter your Annual Enrollment elections.</p> <div style="border: 2px solid red; padding: 5px; margin: 5px 0;"> <p>The elections you have made will become effective on September 1st.</p> <p>You will receive a confirmation statement each time you make a change to your benefit elections during Annual Enrollment.</p> </div> <p>To return to the Benefits Home Page, click OK. To log out, click Sign Out or simply close your browser.</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> OK </div> </div>