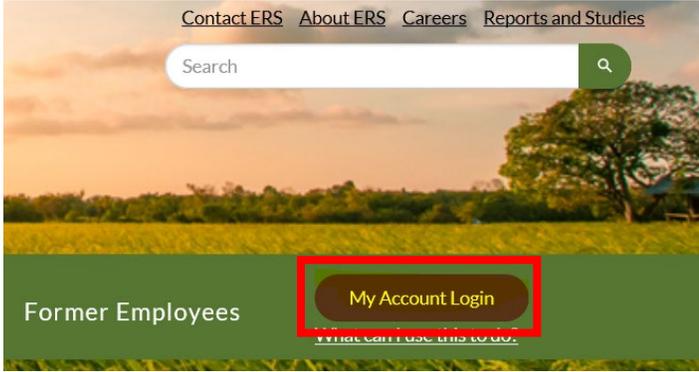
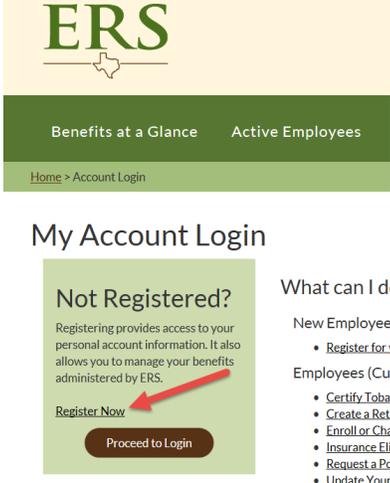


<p>Visit www.ers.texas.gov v.</p> <p>1. Select “My Account Login” from the top right of the web page</p>	
<p>2. Click the “Register Now” link if you never had an ERS account.</p>	
<p>3. Click Register to create a user ID and password; or Sign In using your ERS credentials if you already have an account.</p> <p>You will go through a series of screens that will confirm your identity.. If you have problems with the verification, contact ERS at 1-877-275-4377.</p>	

4. From the Home Page select “Post-Hire Change” under the My Insurance Information section.

Member Home Page

 **My Personal Information**
[Name](#)
[Addresses and Eligibility Basis](#)
[Email Address and Password](#)
[Phone Numbers](#)

 **My Beneficiaries**
[Beneficiary Summary](#)

 **My Retirement Information**

 **My Insurance Information**
[Family Status Change](#)
[Post-Hire Change](#)
[Election Update](#)
[Benefits Enrollment](#)
[Benefits Summary](#)
[Tobacco User Certification](#)
[Annual Out-Of-Pocket Premiums](#)

 **Health Savings Account**
[Health Savings Account](#)

 **Power of Attorney Information**
[Power of Attorney](#)

5. Press the “Select” button in the Benefits 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
Post-Hire Change		02/13/2023	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 the benefit selections, including the default enrollment in the HealthSelect of Texas Medical Plan – Member/You Only.

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

For this example, the Vision coverage is currently Waived.

[Benefits Enrollment](#)

Post-Hire Change



Your Full Name will appear here.

 Your enrollment will not be complete until you Submit your elections.

[Benefit Information](#)

Enrollment Summary				
<input type="button" value="Edit"/>	Medical	State Pays	Before Tax	After Tax
Current:	HealthSelect In-Area:You Only			
New:	HealthSelect In-Area:You Only	622.60	0.00	
<input type="button" value="Edit"/>	Health Savings Account		Before Tax	
Current:	Waive			
New:	Waive			
<input type="button" value="Edit"/>	Tobacco User Certification		Before Tax	After Tax
Current:	Certified as Non-Tobacco User			
New:	Certified as Non-Tobacco User			0.00
<input type="button" value="Edit"/>	Dental		Before Tax	After Tax
Current:	State of TX Dental Choice Plan:You Only			
New:	Waive			0.00
<input type="button" value="Edit"/>	Vision		Before Tax	After Tax
Current:	State of Texas Vision:You Only			
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 “Add/Review Dependents” button to create profiles for them.

[Benefits Enrollment](#)

Vision

[Benefit Information](#)



Your Full Name will appear here.

 Your current coverage is: State of Texas Vision with You Only coverage.

Select the plan below to elect vision.

<input checked="" type="radio"/>	State of Texas Vision		
State of Texas Vision			
	Coverage Level	You Pay	Tax Class
	You Only	\$4.61	Before-Tax
	You + Spouse	\$9.22	Before-Tax
	You + Children	\$9.91	Before-Tax
	You + Family	\$14.52	Before-Tax
<input type="radio"/>	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.

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, dates of birth, and social security numbers.

7. 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.

8. 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.

 Your enrollment will not be complete until you Submit your elections.

Your Choice

You have chosen State of Texas Vision with You Only coverage.

Your Estimated monthly Cost

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

Notes

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

If you elected coverage, it will be reflected in the "New" row.

[Benefits Enrollment](#)
[Post-Hire Change](#)



Your Full Name will appear here.



Your enrollment will not be complete until you Submit your elections.

[Benefit Information](#)

Enrollment Summary			
Edit	Medical	State Pays	Before Tax After Tax
	Current: HealthSelect In-Area:You 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: State of TX Dental Choice Plan:You Only		
	New: State of TX Dental Choice Plan:You Only		28.73
Edit	Vision		Before Tax After Tax
	Current: State of Texas Vision:You Only		
	New: State of Texas Vision:You Only		4.61

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

Optional Life

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.

benweb.ers.texas.gov says

EOI is required to enroll in Election 3 or Election 4 (24000,32) Evidence of insurability (EOI) is required to add or increase Optional Life. Click the "Initiate EOI Online Request" link at the top of this page across from your name to begin the online application process.

Select an Option

Here are your available options with the rate per \$1,000 of coverage:

Select one of the following plans:

3. Select "Ok".

OK

Coverage Level	Your Monthly Cost	Tax Class
<input type="radio"/> Waive		
<input type="radio"/> Optional Life 1X		Before-Tax
<input type="radio"/> Optional Life 2X		Before-Tax
<input checked="" type="radio"/> Optional Life 3X		Before-Tax
<input type="radio"/> Optional Life 4X		Before-Tax

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

Notes

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 all changes made are appearing in the appropriate "New" rows, select the Submit button at the bottom of the screen.

Total	State Pays	You Pay
658.16	624.82	33.34

 Click **Submit** to send your final elections.

 **Important: Your enrollment will not be complete until you Submit your elections.**

10. Select "Submit" in the following screen.

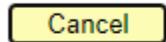
Benefits Enrollment

Submit Benefit Elections



Your Full Name will appear here.

You have almost completed your enrollment. If you have no further changes, click **Submit** at the bottom of this page to finalize your benefit choices.

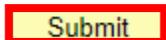
 Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

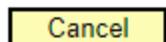
Do not submit your benefit elections until you have completed your enrollment. You may store your elections on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you click Submit your benefit elections will be sent to the Benefits Department for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

Authorize Elections

By submitting your benefit choices you are authorizing the company to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

 Click **Submit** to send your final choices to the Benefits Department.

 Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

11. Select "OK" to finalize your New Hire benefits enrollment.

Benefits Enrollment

Submit Confirmation

Your Full Name will appear here.

Your benefit elections have been successfully submitted to the Benefits Department. You will receive a confirmation statement within one week to confirm your new elections. To continue, click OK



OK